

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

| | | |
|--|---|--------------------------------|
| In re: | § | |
| | § | CHAPTER 11 |
| MAYFLOWER COMMUNITIES, INC.¹ | § | |
| | § | CASE NO. 19-30283 (HDH) |
| Debtor. | § | |

**GLOBAL NOTES, METHODOLOGY AND SPECIFIC DISCLOSURES
REGARDING THE DEBTOR'S SCHEDULES OF ASSETS AND LIABILITIES
AND STATEMENT OF FINANCIAL AFFAIRS**

Introduction

On January 30, 2019 (the "Petition Date"), Mayflower Communities, Inc., the debtor and debtor-in-possession in the above-captioned chapter 11 case (the "Debtor"), commenced a chapter 11 case (the "Chapter 11 Case") by filing a voluntary petition for relief under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Northern District of Texas (the "Bankruptcy Court").

Pursuant to the requirements of Bankruptcy Code section 521 and rule 1007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules"), the Debtor, with the assistance of its advisors, has filed its respective Schedules of Assets and Liabilities (the "Schedules") and Statement of Financial Affairs (the "Statement") with the Bankruptcy Court.

Mr. Louis E. Robichaux IV is the Chief Restructuring Officer of the Debtor and has signed the Schedules and Statement on behalf of the Debtor. In reviewing and signing the Schedules and Statement, Mr. Robichaux has relied upon the efforts, statements and representations of various personnel employed by the Debtor and the Debtor's professionals. Mr. Robichaux has not (and could not have) personally verified the accuracy of each statement and representation contained in the Schedules and Statement, including statements and representations concerning amounts owed to creditors.

These *Global Notes, Methodology and Specific Disclosures Regarding the Debtor's Schedules of Assets and Liabilities and Statement of Financial Affairs* (the "Global Notes") pertain to, are incorporated by reference in and comprise an integral part of the Debtor's Schedules and Statement. The Global Notes should be referred to and reviewed in connection with any review of the Schedules and Statement.

The Schedules and Statement do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP"), nor are they intended to be fully reconciled with the financial statements of the Debtor. Additionally,

¹ The last four digits of the Debtor's federal tax identification number are 6350.

the Schedules and Statement contain unaudited information that is subject to further review and potential adjustment and reflect the Debtor's commercially reasonable best efforts to report the assets and liabilities of the Debtor.

In preparing the Schedules and Statement, the Debtor relied upon financial data derived from its books and records that was available at the time of such preparation. Although the Debtor has made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised or subsequent information, may cause a material change to the Schedules and Statement. Thus, the Debtor is unable to warrant or represent the Schedules and Statement are without inadvertent errors, omissions or inaccuracies. Accordingly, the Debtor reserves all of its rights to amend, supplement or otherwise modify the Schedules and Statement as is necessary and appropriate.

Global Notes and Overview of Methodology

Reservation of Rights. Nothing contained in the Schedules and Statement shall constitute a waiver of the Debtor's rights or an admission with respect to its Chapter 11 Case, including, without limitation, any issues involving substantive consolidation, equitable subordination, offsets or defenses and/or causes of action arising under, inter alia, the provisions of Chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws.

Description of the Chapter 11 Case. On the Petition Date, the Debtor filed a voluntary petition for relief pursuant to chapter 11 of the Bankruptcy Code. The Debtor is operating its business and managing its property as a debtor-in-possession pursuant to Bankruptcy Code sections 1107(a) and 1108. No trustee or examiner has been requested in the Chapter 11 Case.

Net Book Value of Assets. It would be prohibitively expensive, unduly burdensome and an inefficient use of estate assets for the Debtor to obtain current market valuations for all of its assets. Accordingly, unless otherwise indicated, the Debtor's Schedules and Statement reflect net book values as of December 31, 2018. Market values of these assets may vary, at some times materially, from the net book value of such assets. Furthermore, assets which have fully depreciated or were expensed for accounting purposes do not appear in these Schedules and Statement as they have no net book value.

Personal Property – Leased. In the ordinary course of business, the Debtor may lease furniture, fixtures, and office equipment from certain third-party lessors for use in the daily operation of its business. Nothing in the Schedules and Statement is or shall be construed as an admission regarding any determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtor reserves all of its rights with respect to any such issue.

Recharacterization. Notwithstanding the Debtor's commercially reasonable best efforts to properly characterize, classify, categorize or designate certain claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and Statement, the Debtor may nevertheless have improperly characterized, classified, categorized, designated or omitted certain items. Accordingly, the Debtor reserves all of its rights to recharacterize, reclassify, recategorize,

redesignate, add or delete items reported in the Schedules and Statement at a later time as is necessary and appropriate, as additional information becomes available.

Liabilities. The Debtor allocated liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statement. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change. Accordingly, the Debtor reserves all of its rights to amend, supplement or otherwise modify the Schedules and Statement as is necessary and appropriate as it determines in its sole and absolute discretion.

The liabilities listed on the Schedules do not reflect any analysis of claims pursuant to Bankruptcy Code section 503(b)(9). Accordingly, the Debtor reserves all of its rights to dispute or challenge the validity of any asserted claims under Bankruptcy Code section 503(b)(9) or the characterization of the structure of any such transaction or any document or instrument related to any creditor's claim.

Insiders. For purposes of the Schedules and Statement, the Debtor defines "insiders" pursuant to section 101(31) of the Bankruptcy Code to include the following: (a) directors; (b) officers; (c) shareholders holding in excess of 5% of the voting shares of the Debtor (whether directly or indirectly); (d) relatives of directors, officers or shareholders of the Debtor (to the extent known by the Debtor); (e) persons in control; and (f) non-Debtor affiliates.

Persons listed as "insiders" have been included for informational purposes only. The Debtor does not take any position with respect to: (a) such person's influence over the control of the Debtor; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether such individual could successfully argue that he or she is not an "insider" under applicable law, including the federal securities laws, or with respect to any theories of liability or for any other purpose.

Intellectual Property Rights. The Debtor does not possess nor ever possessed any intellectual property rights.

Classifications. Listing a claim on (a) Schedule D as "secured," (b) Schedule E/F as "priority," (c) Schedule E/F as "unsecured" or (d) listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtor of the legal rights of the claimant or a waiver of the Debtor's right to recharacterize or reclassify such claims or contracts or leases or to setoff of such claims.

Claims Description. Schedules D and E/F permit the Debtor to designate a claim as "disputed," "contingent" and/or "unliquidated." Any failure to designate a claim on the Debtor's Schedules as "disputed," "contingent" or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed," "contingent" or "unliquidated," or that such claim is not subject to objection. The Debtor reserves all of its rights to dispute, or assert offsets or defenses to, any claim reflected on the Schedules and Statement on any grounds, including liability or classification. Additionally, the Debtor expressly reserves all of its rights to subsequently

designate such claims as “disputed,” “contingent” or “unliquidated.” Moreover, listing a claim does not constitute an admission of liability by the Debtor.

Causes of Action. Despite reasonable efforts, the Debtor may not have identified and/or set forth all of its (filed or potential) causes of action against third parties as assets in its Schedules and Statement. The Debtor reserves all of its rights with respect to any causes of action against third parties and nothing in the Global Notes or the Schedules and Statement shall be deemed a waiver of any such causes of action which are expressly reserved.

Resident Names and Addresses. In accordance with the *Order Authorizing the Implementation of Procedures to Maintain and Protect Confidential Patient Information* [Docket No. 42], resident names and addresses have been removed from entries listed on Schedules E/F and G. Such redacted information is available upon request of the Debtor’s bankruptcy counsel.

Summary of Significant Reporting Policies. The following is a summary of significant reporting policies:

- a. **Undetermined Amounts.** The description of an amount as “unknown,” “TBD” or “undetermined” is not intended to reflect upon the materiality of such amount.
- b. **Totals.** All totals that are included in the Schedules and Statement represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- c. **Paid Claims.** The Debtor has authority to pay certain outstanding prepetition payables pursuant to various Bankruptcy Court orders (the “Prepetition Payment Orders”). Accordingly, certain outstanding liabilities may have been reduced by post-petition payments made on account of prepetition liabilities. In most instances, as applicable, the Debtor has omitted listing those prepetition liabilities which have been fully satisfied prior to the filing of the Schedules or reduced the remaining liability to reflect payments described herein. To the extent the Debtor pays any of the liabilities listed in the Schedules pursuant to the Prepetition Payment Orders, the Debtor reserves all of its rights to amend or supplement the Schedules or take other action as is necessary and appropriate to avoid over-payment of or duplicate payments for any such liabilities.
- d. **Excluded Assets and Liabilities.** The Debtor has excluded certain accrued liabilities, including accrued salaries and employee benefits and tax accruals from the

Schedules. Certain other immaterial assets and liabilities may also have been excluded.

- e. Liens. Property, inventory and equipment listed in the Schedules may be presented without consideration of any liens that may attach (or have attached) to such property and equipment.
- f. Currency. Unless otherwise indicated, all amounts are reflected in U.S. dollars.

Setoffs. The Debtor incurs certain setoffs and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, pricing discrepancies, returns, warranties, and other disputes between the Debtor and its residents and/or suppliers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtor's industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are excluded from the Schedules. Notwithstanding the foregoing, the Debtor has not reviewed the validity of the aforementioned setoff rights and hereby reserves all rights to challenge such setoff rights.

Global Notes Control. In the event that the Schedules and Statement differ from the foregoing Global Notes, the Global Notes shall control.

Specific Disclosures with Respect to the Debtor's Schedules

Schedule A/B. The Debtor's real estate is reported at book value, net of accumulated depreciation. The Debtor may have listed certain assets as real property when such assets are in fact personal property, or the Debtor may have listed certain assets as personal property when such assets are in fact real property. The Debtor reserves all of its rights to recategorize and/or recharacterize such asset holdings to the extent the Debtor determines that such holdings were improperly listed.

Unless indicated otherwise, asset values described in Schedule A/B are representative of values reflected on the Debtor's December 31, 2018 balance sheet.

Schedule A/B, Part 1. Details with respect to the Debtor's cash management system and bank accounts are provided in the *Motion of the Debtor for Entry of Interim and Final Orders Authorizing (I) Continued Use of Existing Cash Management System, (II) Maintenance of Existing Bank Accounts, (III) Continued Use of Existing Business Forms, and (IV) an Extension of Time to Comply with 11 U.S.C. § 345(b) Deposit and Investment Requirements* [Docket No. 6].

Schedule A/B7. Pursuant to the *Motion of the Debtor for Entry of Interim and Final Orders (I) Prohibiting Utility Providers from Altering, Refusing or Discontinuing Service, (II) Deeming the Utility Providers Adequately Assured of Future Performance, and (III) Establishing Procedures*

for Determining Requests for Additional Adequate Assurance [Docket No. 11], the Bankruptcy Court has authorized the Debtor to provide adequate assurance of payment for future utility services. Such deposits are not listed on Schedule A/B7, which was prepared as of the Petition Date.

Schedule A/B11. The Debtor has disclosed the net book value with respect to accounts receivable listed on Schedule A/B11, which represents the amount of the accounts receivable netted by any “doubtful accounts.” For purposes of Schedule A/B11, “doubtful accounts” are those accounts that the Debtor has identified as unlikely to be paid given the amount of time such accounts have been outstanding.

Schedules A/B39-41 and A/B50. For purposes of Schedules A/B39-41 and A/B47, the value of certain assets may be included in a fixed asset group or certain assets with a net book value of zero may not be set forth on Schedules A/B39-41 and A/B47.

Schedule A/B73. Additional information regarding the insurance policies listed on Schedule A/B73 is available in the *Motion of the Debtor for Entry of Interim and Final Orders (I) Authorizing the Debtor to (A) Maintain Existing Insurance Policies and Pay All Insurance Obligations Arising Thereunder and (B) Renew, Revise, Extend, Supplement, Change or Enter Into New Insurance Policies, and (II) Granting Certain Related Relief* [Docket No. 12].

Schedule A/B75. In the ordinary course of its business, the Debtor may have accrued, or may subsequently accrue, certain rights to causes of action, counterclaims, setoffs, refunds with its customers and suppliers or potential warranty claims against its suppliers. Any such rights which are unknown to the Debtor or not quantifiable as of the Petition Date are not listed on Schedule A/B75.

Schedule D. Except as otherwise agreed pursuant to a stipulation or as otherwise provided by an order entered by the Bankruptcy Court, the Debtor reserves its rights to dispute or challenge the validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset of a secured creditor listed on Schedule D. Moreover, although the Debtor has scheduled claims of various creditors as secured claims, the Debtor reserves all of its rights to dispute or challenge the secured nature of any such creditor’s claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor’s claim. The descriptions provided in Schedule D are solely intended to be a summary – and not an admission – of liability.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of liens. Nothing in the Global Notes or the Schedules and Statement shall be deemed a modification or interpretation of the terms of such agreements. The Debtor reserves all of its rights to amend Schedule D to the extent that the Debtor determines that any claims associated with such agreements should be reported on Schedule D. Nothing herein shall be construed as an admission by the Debtor of the legal rights of the claimant or a waiver of the Debtor’s rights to recharacterize or reclassify such claim or contract.

Moreover, the Debtor has not included on Schedule D parties that may believe their claims are secured through setoff rights or inchoate statutory lien rights.

Schedule E/F, Part 1. The Bankruptcy Court has authorized the Debtor, in its discretion, to pay certain liabilities that may be entitled to priority under the applicable provisions of the Bankruptcy Code. For example, on February 4, 2019, the Bankruptcy Court entered the *Agreed Order Authorizing (I) the Debtor to Pay Certain Prepetition Salaries, Wages, and Compensation, (II) The Continuation of Employee Benefit Programs and (III) Directing Banks to Honor and Process Checks and Transfers Related to Such Employee Obligations Final Order* [Docket No. 45], authorizing the Debtor to pay or honor certain prepetition obligations with respect to employee wages, salaries and other compensation, reimbursable employee expenses and employee medical and similar benefits with a final hearing on the matter set for March 8, 2019. Additionally, on January 31, 2019, the Bankruptcy Court entered the *Interim Order (I) Authorizing, but not Directing, the Debtor to Pay Certain Prepetition Taxes and Related Relief* [Docket No. 46], authorizing the Debtor to pay or honor certain prepetition obligations owed to taxing authorities with a final hearing on the matter set for March 8, 2019. To the extent such claims have been paid or may be paid pursuant to further Bankruptcy Court order, they may not be included on Schedule E/F, Part 1.

Schedule E/F, Part 2. The Debtor has used its commercially best reasonable efforts to report all general unsecured claims against the Debtor on Schedule E/F, Part 2 based upon the Debtor's existing books and records as of the Petition Date. The claims of individual creditors for, among other things, products, goods or services are listed as either the lower of the amounts invoiced by such creditor or the amounts entered on the Debtor's books and records and may not reflect credits or allowances due from such creditors to the applicable Debtor. The Debtor reserves all of its rights with respect to any such credits and allowances including the right to assert objections and/or setoffs with respect to same. Schedule E/F, Part 2 does not include certain deferred charges, deferred liabilities, accruals or general reserves. Such amounts are, however, reflected on the Debtor's books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Petition Date. The Debtor has made every effort to include as a contingent, unliquidated or disputed the claim of any vendor not included on the Debtor's open accounts payable that is associated with an account that has an accrual or receipt not invoiced.

Schedule E/F, Part 2 does not reflect any unsecured deficiency claims that may be held by prepetition secured creditors.

To the extent they are known, Schedule E/F, Part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption or the assumption and assignment of an executory contract or unexpired lease. Additionally, Schedule E/F, Part 2 does not include potential rejection damage claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

The Debtor may owe patients refunds for services. The claim amount for such refunds is unliquidated and unknown at this time. Accordingly, the Debtor has not included such patient claims in Schedule E/F.

Schedule G. The Debtor's business is complex. Although the Debtor's existing books, records and financial systems have been relied upon to identify and schedule executory contracts and unexpired leases of the Debtor and diligent efforts have been made to ensure the accuracy of the Debtor's Schedule G, inadvertent errors, omissions or over-inclusion may have occurred. Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtor's reasonable efforts.

Listing a contract or lease on Schedule G does not constitute an admission that such contract or lease is an executory contract or unexpired lease or that such contract or lease was in effect on the Petition Date or is valid or enforceable. The Debtor hereby reserves all of its rights to dispute the validity, status or enforceability of any contracts, leases or other agreements set forth on Schedule G and to amend or supplement Schedule G as necessary. Certain of the contracts and leases listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth separately on Schedule G.

Certain confidentiality or non-disclosure agreements may not be listed on Schedule G. The Debtor reserves all of its rights with respect to such agreements.

Certain of the contracts and leases listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatement, waivers, letters and other documents that may not be listed on Schedule G or that may be listed as a single entry. The Debtor expressly reserves its rights to challenge whether such related materials constitute an executory contract or unexpired lease, a single contract or lease or multiple, severable or separate contracts or leases.

The contracts, leases and other agreements listed on Schedule G may have expired or may have been modified, amended or supplemented from time to time by various amendments, restatement, waivers, estoppel certificates, letters, memoranda and other documents, instruments and agreements that may not be listed therein despite the Debtor's use of reasonable efforts to identify such documents. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the Debtor and such supplier or provider.

The Debtor reserves all of its rights, claims and causes of action with respect to the contracts and leases on Schedule G, including the right to dispute or challenge the characterization of the structure of any transaction or any document or instrument related to a creditor's claim.

In addition, the Debtor may have entered into various other types of agreements in the ordinary course of its business, such as subordination, non-disturbance and attornment agreements, supplemental agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Further, the Debtor reserves all of its rights to alter or amend these Schedules to the extent that additional information regarding the Debtor obligor to such executory contracts or unexpired leases becomes available. Certain of the executory contracts or unexpired leases may not have been memorialized and could be subject to dispute. Executory contracts that are oral in nature have not been included on Schedule G.

Omission of a contract or lease from Schedule G does not constitute an admission that such omitted contract or lease is not an executory contract or unexpired lease. The Debtor's rights under the Bankruptcy Code with respect to any such omitted contracts or leases are not impaired by the omission.

The listing of any contract or lease on Schedule G does not constitute an admission by the Debtor as to the validity of any such contract or lease or an admission that such contract or lease is an executory contract or unexpired lease. The Debtor reserves all of its rights to dispute the effectiveness of any such contract or lease listed on Schedule G or to amend Schedule G at any time to remove any contract or lease.

Specific Disclosures with Respect to the Debtor's Statement

Statement 1. The amounts listed in Statement 1 reflect the revenue for the fiscal years 2017, 2018 and the year to date portion of fiscal year 2019 of the Debtor as such amount is calculated in the Debtor's records.

Statement 3. Statement 3 includes any disbursement or other transfer made by the Debtor except for those made to insiders (see Statement 4) and bankruptcy professionals (see Statement 11). The amounts listed in Statement 3 reflect the Debtor's disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3. All disbursements listed on Statement 3 are made through the Debtor's cash management system.

Statement 10. The Debtor occasionally incurs losses for a variety of reasons, including theft and property damage. The Debtor, however, may not have records of all such losses as to the extent such losses do not have a material impact on the Debtor's business or are not reported for insurance purposes.

Statement 27. The Debtor has not conducted an inventory as of the Petition Date.

Fill in this information to identify the case:**Debtor name:** Mayflower Communities, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-30283☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

| | |
|--|-----------------|
| 1a. Real property: Copy line 88 from Schedule A/B | \$30,072,800.00 |
| 1b. Total personal property: Copy line 91A from Schedule A/B | \$11,344,379.73 |
| 1c. Total of all property: Copy line 92 from Schedule A/B | \$41,417,179.73 |

Part 2: Summary of Liabilities

| | |
|---|-------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D | \$90,040,000.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F | \$0.00 |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F | + \$49,443,035.19 |
| 4. Total liabilities Lines 2 + 3a + 3b | \$139,483,035.19 |

Fill in this information to identify the case:**Debtor name:** Mayflower Communities, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-30283☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below

| All cash or cash equivalents owned or controlled by the debtor | Current value of debtor's interest |
|--|------------------------------------|
|--|------------------------------------|

2. Cash on hand

| | |
|-----------------|--------|
| 2.1. PETTY CASH | \$0.00 |
|-----------------|--------|

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

| | Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | Current value of debtor's interest |
|-------|--|--------------------------|---------------------------------|------------------------------------|
| 3.1. | BANK OF AMERICA | OPERATING ACCOUNT | 5074 | \$4,395,451.00 |
| 3.2. | BANK OF AMERICA | ADEQUATE ASSURANCE | 7484 | \$0.00 |
| 3.3. | BANK OF AMERICA | ESCROW ACCOUNT | 931.1 | \$25,194.00 |
| 3.4. | OLD NATIONAL BANK | RESIDENT TRUST FUND | 6732 | \$270.00 |
| 3.5. | UMB | REVENUE RESERVE | 945.1 | \$1.00 |
| 3.6. | UMB | INTEREST RESERVE | 945.2 | \$0.00 |
| 3.7. | UMB | SINKING FUND RESERVE | 945.3 | \$0.00 |
| 3.8. | UMB | DEBT SERVICE RESERVE | 945.4 | \$2,914,535.06 |
| 3.9. | UMB | REBATE RESERVE | 945.5 | \$0.00 |
| 3.10. | UMB | LIQUID SUPPORT RESERVE | 945.6 | \$0.00 |
| 3.11. | UMB | SPEC PROJECT RESERVE | 945.7 | \$257,584.66 |
| 3.12. | UMB | SUPPLE LIQUIDITY RESERVE | 945.8 | \$144,860.34 |
| 3.13. | UMB | OPERATING RESERVE | 945.9 | \$0.00 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****3. Checking, savings, money market, or financial brokerage accounts** (Identify all)

| | Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | Current value of debtor's interest |
|-------|--|-------------------------|---------------------------------|------------------------------------|
| 3.14. | UMB | WORKING CAPITAL RESERVE | 45.10 | \$0.00 |
| 3.15. | UMB | OPTIONAL REDEMPTION | 45.11 | \$63.56 |

4. Other cash equivalents (Identify all)

| | Description | Name of institution | Type of account | Last 4 digits of account number | Current value of debtor's interest |
|------|-------------|---------------------|-----------------|---------------------------------|------------------------------------|
| 4.1. | _____ | _____ | _____ | _____ | \$ _____ |

5. Total of part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$7,737,959.62

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below

7. Deposits, including security deposits and utility deposits

| | Description, including name of holder of deposit | Current value of debtor's interest |
|------|--|------------------------------------|
| 7.1. | DUKE ENERGY - UTILITIES | \$23,440.00 |

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

| | Description, including name of holder of prepayment | Current value of debtor's interest |
|------|--|------------------------------------|
| 8.1. | PREPAID EXPENSE - OTHER ABILITY NETWORK - WATCH LEGACY BUNDLE | \$696.06 |
| 8.2. | PREPAID EXPENSE - OTHER ABILITY NETWORK (PBJ) | \$10,215.14 |
| 8.3. | PREPAID EXPENSE - OTHER ABILITY NETWORK NPI FEES | \$1,296.88 |
| 8.4. | PREPAID EXPENSE - OTHER BLUE ORANGE COMPLIANCE | \$3,145.49 |
| 8.5. | PREPAID EXPENSE - OTHER CENTRE TECHNOLOGIES (01-540006) | \$205.50 |
| 8.6. | PREPAID EXPENSE - OTHER COMPUTER R&M | \$2,006.67 |
| 8.7. | PREPAID EXPENSE - OTHER DUDE SOLUTIONS (WORX HUB) | \$3,644.86 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

| Description, including name of holder of prepayment | | Current value of debtor's interest |
|---|---|------------------------------------|
| 8.8. | PREPAID EXPENSE - OTHER KNOWBE4 INC ANTIVIRUS SOFTWARE | \$802.61 |
| 8.9. | PREPAID EXPENSE - OTHER MASTERPIECE LIVING | \$3,631.70 |
| 8.10. | PREPAID EXPENSE - OTHER MOTION PICTURE LICENSING CORP | \$2,444.83 |
| 8.11. | PREPAID - INSURANCE NAS INSURANCE AGENCY | \$3,690.14 |
| 8.12. | PREPAID EXPENSE - OTHER NATIONAL INVESTMENT CENTER | \$140.44 |
| 8.13. | PREPAID EXPENSE - OTHER ONSHIFT | \$1,501.03 |
| 8.14. | PREPAID - INSURANCE PHILADELPHIA INSURANCE | \$3,106.40 |
| 8.15. | PREPAID - INSURANCE PHILADELPHIA INSURANCE | \$289.77 |
| 8.16. | PREPAID EXPENSE - OTHER RELIAS LEARNING LLC | \$8,446.36 |
| 8.17. | PREPAID - INSURANCE SENIOR QUALITY LIFESTYLES CORPORATION UHC | \$18,861.19 |
| 8.18. | PREPAID - INSURANCE SQLC D&O POLICY | \$137,103.97 |
| 8.19. | PREPAID - INSURANCE SQLC WORKERS COMPENSATION - INSTALLMENT 1 | \$18,861.19 |
| 8.20. | PREPAID - INSURANCE SQLC, D&O TAIL POLICY | \$20,166.00 |
| 8.21. | PREPAID - INSURANCE WILLIS OF ILLINOIS FIDUCIARY & CRIME INSURANCE | \$497.59 |
| 8.22. | PREPAID - INSURANCE WILLIS OF ILLINOIS PERSONAL PROPERTY | \$2,594.16 |

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81.

| |
|--------------|
| \$243,347.98 |
|--------------|

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**11. Accounts receivable**

| | | Face amount | Doubtful or uncollectible accounts | | |
|------|----------------------|----------------|------------------------------------|-----------|----------------|
| 11a. | 90 days old or less: | \$102,111.00 | - (\$3,183.00) | = → | \$98,928.00 |
| 11a. | 90 days old or less: | \$104,028.00 | - \$0.00 | = → | \$104,028.00 |
| 11a. | 90 days old or less: | \$20,431.00 | - \$0.00 | = → | \$20,431.00 |
| 11a. | 90 days old or less: | \$43,463.00 | - \$0.00 | = → | \$43,463.00 |
| 11a. | 90 days old or less: | \$4,243.00 | - \$0.00 | = → | \$4,243.00 |
| 11a. | 90 days old or less: | \$28,340.00 | - (\$671.00) | = → | \$27,669.00 |
| 11a. | 90 days old or less: | \$1,488,054.00 | - \$0.00 | = → | \$1,488,054.00 |
| 11a. | 90 days old or less: | \$279,454.00 | - \$0.00 | = → | \$279,454.00 |
| 11a. | 90 days old or less: | (\$8,015.00) | - \$0.00 | = → | (\$8,015.00) |
| 11a. | 90 days old or less: | \$8.00 | - \$0.00 | = → | \$8.00 |
| 11a. | 90 days old or less: | \$33,457.00 | - \$0.00 | = → | \$33,457.00 |
| 11a. | 90 days old or less: | \$4,935.00 | - \$0.00 | = → | \$4,935.00 |
| 11a. | 90 days old or less: | \$3,775.00 | - \$0.00 | = → | \$3,775.00 |
| 11a. | 90 days old or less: | \$3,979.00 | - \$0.00 | = → | \$3,979.00 |

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,104,409.00

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

| Valuation method used for current value | Current value of debtor's interest |
|---|------------------------------------|
|---|------------------------------------|

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock

14.1. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity

% of ownership

15.1. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe

16.1. _____ \$ _____

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|-------------------------------------|--|---|------------------------------------|
|---------------------|-------------------------------------|--|---|------------------------------------|

19. Raw materials

19.1. _____ \$ _____

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****20. Work in progress**

20.1. _____ \$ _____ \$ _____

21. Finished goods, including goods held for resale

21.1. _____ \$ _____ \$ _____

22. Other inventory or supplies

| | General description | Date of the last physical inventory | Net book value of debtor's interest | Valuation method used for current value | Current value of debtor's interest |
|-------|--------------------------------|-------------------------------------|-------------------------------------|---|------------------------------------|
| 22.1. | FOOD, BEVERAGE, & PANTRY ITEMS | NONE | \$19,245.00 | LOWER COST OF MARKET | \$19,245.00 |

23. Total of part 5

Add lines 19 through 22. Copy the total to line 84.

\$19,245.00

24. Is any of the property listed in Part 5 perishable?☐ No☒ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☒ Yes Book value: \$19,245.00 Valuation method: LOWER COST OF MARKET Current value: \$19,245.00**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes. Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|---------------------|--|---|------------------------------------|
| 28. Crops—either planted or harvested | | | | |
| 28.1. | _____ | \$ _____ | _____ | \$ _____ |
| 29. Farm animals. Examples: Livestock, poultry, farm-raised fish | | | | |
| 29.1. | _____ | \$ _____ | _____ | \$ _____ |
| 30. Farm machinery and equipment (Other than titled motor vehicles) | | | | |
| 30.1. | _____ | \$ _____ | _____ | \$ _____ |
| 31. Farm and fishing supplies, chemicals, and feed | | | | |
| 31.1. | _____ | \$ _____ | _____ | \$ _____ |
| 32. Other farming and fishing-related property not already listed in Part 6 | | | | |
| 32.1. | _____ | \$ _____ | _____ | \$ _____ |

33. Total of part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****34. Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes Book value: \$_____ Valuation method: _____ Current value: \$_____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 39. Office furniture | | | |
| 39.1. OFFICE FURNITURE, FIXTURES & EQUIPMENT | \$1,235,274.00 | Net Book Value | \$1,235,274.00 |
| 40. Office fixtures | | | |
| 40.1. _____ | \$ _____ | _____ | \$ _____ |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | | | |
| | Net book value of debtor's interest | Valuation method used for current value | Current value of debtor's interest |
| 41.1. _____ | \$ _____ | _____ | \$ _____ |
| 42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 42.1. _____ | \$ _____ | _____ | \$ _____ |
| 43. Total of part 7 | | | |
| Add lines 39 through 42. Copy the total to line 86. | | | \$1,235,274.00 |

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
- ☒ Yes

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|------------------------------------|
| 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles | | | |
| 47.1. 2015 TOYOTA SIENNA XLE, 2014 HONDA ODYSSEY, 2014 BUICK LACROSSE | \$4,144.00 | Net Book Value | \$4,144.00 |
| 48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 48.1. _____ | \$ _____ | _____ | \$ _____ |
| 49. Aircraft and accessories | | | |
| 49.1. _____ | \$ _____ | _____ | \$ _____ |
| 50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) | | | |
| 50.1. _____ | \$ _____ | _____ | \$ _____ |
| 51. Total of part 8 Add lines 47 through 50. Copy the total to line 87. | | | \$4,144.00 |

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|--|---|------------------------------------|
|--|--|--|---|------------------------------------|

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1.¹ _____ OWNED \$75,294,740.00 Property Tax Assessment \$30,072,800.00

LAND, BUILDING AND LAND & BUILDING IMPROVEMENTS

1335 S GUILFORD RD
CARMEL IN 46032

¹CURRENT VALUE AS OF MARCH 25, 2017**56. Total of part 9**

Add the current value on lines 55. Copy the total to line 88.

\$30,072,800.00

57. Is a depreciation schedule available for any of the property listed in Part 9?☐ No☒ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No☒ Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|--|---|------------------------------------|
|---------------------|--|---|------------------------------------|

60. Patents, copyrights, trademarks, and trade secrets

60.1. _____ \$ _____ _____ \$ _____

61. Internet domain names and websites

| | Net book value of debtor's interest | Valuation method | Current value of debtor's interest |
|-------------|-------------------------------------|------------------|------------------------------------|
| 61.1. _____ | \$ _____ | _____ | \$ _____ |

62. Licenses, franchises, and royalties

62.1. SKILLED NURSING FACILITY \$ _____ _____ \$ _____

63. Customer lists, mailing lists, or other compilations

63.1. _____ \$ _____ _____ \$ _____

64. Other intangibles, or intellectual property

64.1. _____ \$ _____ _____ \$ _____

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****65. Goodwill**

65.1. _____ \$ _____ \$ _____

66. Total of part 10

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?☒ No☐ Yes**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes. Fill in the information below.**Current value of debtor's interest****71. Notes receivable**

| Description (include name of obligor) | Total face amount | Doubtful or uncollectible amount | Current value of debtor's interest |
|---------------------------------------|-------------------|----------------------------------|------------------------------------|
| 71.1. _____ | \$ _____ | - \$ _____ | \$ _____ |

72. Tax refunds and unused net operating losses (NOLs)

| Description (for example, federal, state, local) | Tax refund amount | NOL amount | Tax year | Current value of debtor's interest |
|--|-------------------|------------|----------|------------------------------------|
| 72.1. _____ | \$ _____ | \$ _____ | _____ | \$ _____ |

73. Interests in insurance policies or annuities

| Insurance company | Insurance policy No. | Annuity issuer name | Annuity account type | Annuity account No. | Current value of debtor's interest |
|---|----------------------|---------------------|----------------------|---------------------|------------------------------------|
| 73.1. JLT SPECIALTY INSURANCE SERVICES INC. | ELU159110-18 | _____ | _____ | _____ | UNDETERMINED |
| 73.2. CARING COMMUNITIES, A RECIPROCAL RISK RETENTION GROUP | CCRRRG-0038-19 | _____ | _____ | _____ | UNDETERMINED |
| 73.3. NAS INSURANCE COMPANY | 509222 | _____ | _____ | _____ | UNDETERMINED |
| 73.4. ATLANTIC SPECIALTY INSURANCE COMPANY | MML-11643-19 | _____ | _____ | _____ | UNDETERMINED |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| | | | | | | |
|-------|--|---------------|-------|-------|-------|--------------|
| 73.5. | ZURICH AMERICAN INSURANCE COMPANY | ERP9486500-07 | _____ | _____ | _____ | UNDETERMINED |
| 73.6. | PHILADELPHIA INDEMNITY INSURANCE COMPANY | PHPK1831075 | _____ | _____ | _____ | UNDETERMINED |
| 73.7. | ACCIDENT FUND INSURANCE COMPANY OF AMERICA | 140-0011172 | _____ | _____ | _____ | UNDETERMINED |
| 73.8. | INDIAN HARBOR INSURANCE COMPANY | ELL015040300 | _____ | _____ | _____ | UNDETERMINED |
| 73.9. | XL SPECIALTY INSURANCE COMPANY | ELU159229-18 | _____ | _____ | _____ | UNDETERMINED |

74. Causes of action against third parties (whether or not a lawsuit has been filed)

| | Nature of claim | Amount requested | Current value of debtor's interest |
|-------|-----------------|------------------|---------------------------------------|
| 74.1. | _____ | \$ _____ | \$ _____ |

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

| | Nature of claim | Amount requested | Current value of debtor's interest |
|-------|-----------------|------------------|---------------------------------------|
| 75.1. | _____ | \$ _____ | \$ _____ |

76. Trusts, equitable or future interests in property

| | | |
|-------|-------|----------|
| 76.1. | _____ | \$ _____ |
|-------|-------|----------|

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

| | | |
|-------|-------|----------|
| 77.1. | _____ | \$ _____ |
|-------|-------|----------|

78. Total of part 11

Add lines 71 through 77. Copy the total to line 90.

UNDETERMINED

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?☒ No☐ Yes

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|--|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i> | \$7,737,959.62 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$243,348.11 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$2,104,409.00 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$0.00 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$19,245.00 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$1,235,274.00 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$4,144.00 | |
| 88. Real property. <i>Copy line 56, Part 9.</i> → | | \$30,072,800.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$0.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> + UNDETERMINED | | |
| 91. Total. Add lines 80 through 90 for each column.91a. | \$11,344,379.73 | + 91b. \$30,072,800.00 |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. | | \$41,417,179.73 |

Fill in this information to identify the case:**Debtor name:** Mayflower Communities, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-30283☐ Check if this is an amended filingOfficial Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A
Amount of
Claim**
Do not deduct
the value of
collateral.

**Column B
Value of
collateral that
supports this
claim**

2.1. Creditor's name and addressBLACKROCK
55 EAST 52ND STREET
NEW YORK NY 10055**Creditor's email address, if known**
_____**Date debt was incurred:** 5/6/2013**Last 4 digits of account number:** 8AA5**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

LAND AND BUILDINGS LOCATED AT 1335 S GUILFORD RD, CARMEL, IN 46032

Describe the lien

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

\$5,000,000.00 UNDETERMINED

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****2.2. Creditor's name and address**

CLEARWATER MANAGEMENT
30 EAST SEVENTH STREET
2000
ST. PAUL MN 55101

Creditor's email address, if known

Date debt was incurred: 7/30/2015

Last 4 digits of account number: 8AA5

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

LAND AND BUILDINGS LOCATED AT 1335 S GUILFORD RD, CARMEL, IN 46032 \$2,000,000.00 UNDETERMINED

Describe the lien

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3. Creditor's name and address

FEDERATED
1001 LIBERTY AVENUE
2100
PITTSBURGH PA 15222

Creditor's email address, if known

Date debt was incurred: 5/6/2013

Last 4 digits of account number: 8AA5

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

LAND AND BUILDINGS LOCATED AT 1335 S GUILFORD RD, CARMEL, IN 46032 \$2,250,000.00 UNDETERMINED

Describe the lien

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****2.4. Creditor's name and address**

INVESCO/VAN KAMPEN
1555 PEACHTREE ST. NW
1800
ATLANTA GA 30309

Creditor's email address, if known
_____**Date debt was incurred:** 5/6/2013**Last 4 digits of account number:** 8AA5**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

LAND AND BUILDINGS LOCATED AT 1335 S \$27,185,000.00 UNDETERMINED
GUILFORD RD,CARMEL, IN 46032

Describe the lien

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**2.5. Creditor's name and address**

MFS
111 HUNTINGTON AVENUE
BOSTON MA 02116

Creditor's email address, if known
_____**Date debt was incurred:** 5/6/2013**Last 4 digits of account number:** 8AA5**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

LAND AND BUILDINGS LOCATED AT 1335 S \$3,000,000.00 UNDETERMINED
GUILFORD RD,CARMEL, IN 46032

Describe the lien

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****2.6. Creditor's name and address**

PIONEER FUNDS
60 STATE STREET
BOSTON MA 02109

Creditor's email address, if known

Date debt was incurred: 5/6/2013

Last 4 digits of account number: 8AA5

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

LAND AND BUILDINGS LOCATED AT 1335 S GUILFORD RD, CARMEL, IN 46032 \$8,750,000.00 UNDETERMINED

Describe the lien

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7. Creditor's name and address

ROCHDALE
59 MAIDEN LN
FL. 6
NEW YORK NY 10038

Creditor's email address, if known

Date debt was incurred: 1/28/2015

Last 4 digits of account number: 8AA5

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

LAND AND BUILDINGS LOCATED AT 1335 S GUILFORD RD, CARMEL, IN 46032 \$4,650,000.00 UNDETERMINED

Describe the lien

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****2.8. Creditor's name and address**SIT INVESTMENTS
80 SOUTH EIGHTH STREET
MINNEAPOLIS MN 55402**Creditor's email address, if known**
_____**Date debt was incurred:** 5/6/2013**Last 4 digits of account number:** 8AA5**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**LAND AND BUILDINGS LOCATED AT 1335 S \$600,000.00 UNDETERMINED
GUILFORD RD,CARMEL, IN 46032**Describe the lien**

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**2.9. Creditor's name and address**TIAA CREF
730 THIRD AVENUE
NEW YORK NY 10164**Creditor's email address, if known**
_____**Date debt was incurred:** 11/29/2016**Last 4 digits of account number:** 8AA5**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**LAND AND BUILDINGS LOCATED AT 1335 S \$12,500,000.00 UNDETERMINED
GUILFORD RD,CARMEL, IN 46032**Describe the lien**

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****2.10. Creditor's name and address**

VAN ECK
666 3RD AVENUE
NEW YORK NY 10017

Creditor's email address, if known

Date debt was incurred: 5/6/2013

Last 4 digits of account number: 8AA5

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

LAND AND BUILDINGS LOCATED AT 1335 S GUILFORD RD, CARMEL, IN 46032 \$3,555,000.00 UNDETERMINED

Describe the lien

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.11. Creditor's name and address

WADDELL & REED/IVY MANAGEMENT
6300 LAMAR AVENUE
OVERLAND KS 66202

Creditor's email address, if known

Date debt was incurred: 5/6/2013

Last 4 digits of account number: 8AA5

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

LAND AND BUILDINGS LOCATED AT 1335 S GUILFORD RD, CARMEL, IN 46032 \$17,325,000.00 UNDETERMINED

Describe the lien

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****2.12. Creditor's name and address**

ZIEGLER RETAIL
ONE NORTH WACKER DRIVE
SUITE 2000
CHICAGO IL 60606

Creditor's email address, if known
_____**Date debt was incurred:** 5/6/2013**Last 4 digits of account number:** 8AA5**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

LAND AND BUILDINGS LOCATED AT 1335 S \$3,225,000.00 UNDETERMINED
GUILFORD RD,CARMEL, IN 46032

Describe the lien

REPAYMENT OF MUNICIPAL BONDS

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$90,040,000.00**

Fill in this information to identify the case:**Debtor name:** Mayflower Communities, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-30283☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☒ No. Go to Part 2.☐ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1. Priority creditor's name and mailing address**

As of the petition filing date, the claim is:*Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Total claim**

\$ _____

Priority amount

\$ _____

Nonpriority amount

\$ _____

Date or dates debt was incurred

 Last 4 digits of account number: _____

Basis for the claim:**Is the claim subject to offset?**☐ No☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)
 (_____)

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | | |
|------|--|---|--------------------------------------|
| 3.1. | Nonpriority creditor's name and mailing address AADCO, INC. PO BOX 401 BEECH GROVE IN 46107-0401 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$550.00 |
| 3.2. | Nonpriority creditor's name and mailing address ACCUSHIELD, LLC 2030 POWERS FERRY RD #360 ATLANTA GA 30339 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$229.00 |
| 3.3. | Nonpriority creditor's name and mailing address ALSCO 175 SOUTH WEST TEMPLE SUITE 510 SALT LAKE CITY UT 84101 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$1,661.40 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| | | | |
|------|---|---|------------------------------------|
| 3.4. | Nonpriority creditor's name and mailing address AT HOME HEALTH EQUIPMENT LLC 4309 W 96TH ST INDIANAPOLIS IN 46268 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$660.00 |
| 3.5. | Nonpriority creditor's name and mailing address AT&T MOBILITY 1025 LENOX PK BLVD ATLANTA GA 30319 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$607.75 |
| 3.6. | Nonpriority creditor's name and mailing address BUREAU OF MOTOR VEHICLES PO BOX 100 WINCHESTER IN 47394 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$227.70 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| | | | |
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| 3.7. | Nonpriority creditor's name and mailing address CALDERON TEXTILES LLC PO BOX 1627 INDIANAPOLIS IN 46206-1627 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$353.01 |
| 3.8. | Nonpriority creditor's name and mailing address COMMUNITY HEALTH NETWORK 6233 RELIABLE PKWY CHICAGO IL 60686 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$1,997.74 |
| 3.9. | Nonpriority creditor's name and mailing address CREATION GARDENS WHAT CHEFS WANT 2055 NELSON MILLER PKWY LOUISVILLE TX 40223 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$4,198.76 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 3.10. | Nonpriority creditor's name and mailing address CUMMINS NUTRITION & WELLNESS 3010 LAKE VIEW BLVD EVANSVILLE IN 47720 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,145.00 |
| 3.11. | Nonpriority creditor's name and mailing address E. SAMS JONES DISTRIBUTOR, INC PO BOX 536794 ATLANTA GA 30353-6794 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$419.66 |
| 3.12. | Nonpriority creditor's name and mailing address EDWARD DON & COMPANY 2562 PAYSHERE CIR CHICAGO IL 60674 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$326.62 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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|-------|--|---|--------------------------------------|
| 3.13. | Nonpriority creditor's name and mailing address EMPIRE TODAY,LLC 333 NORTHWEST AVE NORTHLAKE IL 60164 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,318.00 |
| 3.14. | Nonpriority creditor's name and mailing address ENGLENDOW GROUP 1100 EAST 116TH STREET CARMEL IN 46032 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$9,352.00 |
| 3.15. | Nonpriority creditor's name and mailing address FACILICOM PO BOX 38224 DALLAS TX 75238 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$150.00 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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|-------|--|---|--------------------------------------|
| 3.16. | Nonpriority creditor's name and mailing address FARMER BROTHERS COFFEE PO BOX 732855 DALLAS TX 75373-2855 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$3,247.42 |
| 3.17. | Nonpriority creditor's name and mailing address FRY TECH PO BOX 36574 INDIANAPOLIS IN 46236 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$109.78 |
| 3.18. | Nonpriority creditor's name and mailing address GAYLOR ELECTRIC 5750 CASTLE CREEK PKWY N DR STE 400 INDIANAPOLIS IN 46250 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$1,085.00 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| | | | |
|-------|--|---|---------------------------------------|
| 3.19. | Nonpriority creditor's name and mailing address GESI GESI HOSPITALITY 18-22 42 ND STREET ASTORIA NY 11105 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$199.56 |
| 3.20. | Nonpriority creditor's name and mailing address GLYNN DEVINS 8880 WARD PARKWAY SUITE 400 KANSAS CITY MO 64114 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$17,018.70 |
| 3.21. | Nonpriority creditor's name and mailing address GONNELLA BAKING CO. PO BOX 71499 CHICAGO IL 60694-1499 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$357.81 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| | | | |
|-------|---|---|--------------------------------------|
| 3.22. | Nonpriority creditor's name and mailing address GORDON FOOD SERVICE, INC. PO BOX 88029 CHICAGO IL 60680-1029 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,293.20 |
| 3.23. | Nonpriority creditor's name and mailing address HOBART SERVICE 1445 D BROOKVILLE WAY INDIANAPOLIS IN 46239 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$232.00 |
| 3.24. | Nonpriority creditor's name and mailing address IN.GOV INDIANA GOVERNMENT CENTER NORTH ROOM 402 100 NORTH SENATE AVENUE INDIANAPOLIS IN 46204 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$133.00 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| | | | |
|-------|--|---|--------------------------------------|
| 3.25. | Nonpriority creditor's name and mailing address INCENTIVE BRANDS 610 COIT RD STE 100 PLANO TX 75075 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$7,116.63 |
| 3.26. | Nonpriority creditor's name and mailing address INDIANA UNIVERSITY HEALTH 350 W. 11TH STREET INDIANAPOLIS IN 46202 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,204.87 |
| 3.27. | Nonpriority creditor's name and mailing address INDY STEPSAVER, INC. PO BOX 575 PLAINFIELD IN 46168 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$380.75 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| | | | |
|-------|--|---|--------------------------------------|
| 3.28. | Nonpriority creditor's name and mailing address INTEGRITY ONE TECHNOLOGIES, IN PO BOX 1627 INDIANAPOLIS IN 46206 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,088.45 |
| 3.29. | Nonpriority creditor's name and mailing address JAMES HULL ADDRESS NOT AVAILABLE Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$1,000.00 |
| 3.30. | Nonpriority creditor's name and mailing address JEANNE HENRY 7131 GWINNETT PL NOBLESVILLE IN 46062 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$24.13 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| | | | |
|-------|--|---|--------------------------------------|
| 3.31. | Nonpriority creditor's name and mailing address LAWRENCE BAKING COMPANY 8143 PENDLETON PIKE INDIANAPOLIS IN 46226-4014 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$1,339.20 |
| 3.32. | Nonpriority creditor's name and mailing address LEE SUPPLY CORP. PO BOX 681430 INDIANAPOLIS IN 46268-7430 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$1,657.00 |
| 3.33. | Nonpriority creditor's name and mailing address LEGEND SERVICES INC 115 TWINBRIDGE DR UNIT C PENNSAUKEN NJ 08110 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$224.99 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| | | | |
|-------|--|---|---------------------------------------|
| 3.34. | Nonpriority creditor's name and mailing address MANWEB SERVICES DBA FREIJE-RSC FIRST MECHANTS BANK PO BOX 7048 GROUP #15 INDIANAPOLIS IN 46207-7048 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$29,270.40 |
| 3.35. | Nonpriority creditor's name and mailing address MASTERPIECE LIVING, LLC 9000 BURMA RD STE 106 PALM BEACH GARDENS FL 33403-1606 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$4,458.61 |
| 3.36. | Nonpriority creditor's name and mailing address MCKESSON MEDICAL PO BOX 630693 CINCINNATI OH 45263-0693 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$1,281.29 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| | | | |
|-------|---|---|--------------------------------------|
| 3.37. | Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES, INC. DEPT CH 14400 PALATINE IL 60055-4400 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,282.32 |
| 3.38. | Nonpriority creditor's name and mailing address MOBILE SHARP SHOP 6312 E 98TH ST FISHERS IN 46038 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$62.25 |
| 3.39. | Nonpriority creditor's name and mailing address MOBILEX USA PO BOX 17462 BALTIMORE MD 21297-0518 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$322.42 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 3.40. | Nonpriority creditor's name and mailing address NANCY ZELLERS 10030 WYNHAM CT FISHERS IN 46037 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$175.00 |
| 3.41. | Nonpriority creditor's name and mailing address NETWORK SERVICES COMPANY 29060 NETWORK PL CHICAGO IL 60673-1290 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,981.51 |
| 3.42. | Nonpriority creditor's name and mailing address NEXTPOINT IT 1720 WILLOW CT KOKOMO IN 46902 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$5,335.00 |

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| 3.43. | Nonpriority creditor's name and mailing address OBERER'S FLOWERS 1448 TROY ST DAYTON OH 45404 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$19.95 |
| 3.44. | Nonpriority creditor's name and mailing address OFFICE DEPOT PO BOX 633301 CINCINNATI OH 45263-3301 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$1,467.49 |
| 3.45. | Nonpriority creditor's name and mailing address ONSHIFT, INC. 75 REMITTANCE DR STE 6500 CHICAGO IL 60675-6500 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$836.83 |

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| 3.46. | Nonpriority creditor's name and mailing address PIKE MEDICAL CONSULTANTS, P.C. 7911 N MICHIGAN RD INDIANAPOLIS IN 46268 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,500.00 |
| 3.47. | Nonpriority creditor's name and mailing address PIP INDIANA 11711 N PENNSYLVANIA ST 107 CARMEL IN 46032 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$69.84 |
| 3.48. | Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FINANCIAL 500 ROSS ST STE 154047 BOX 371887 PITTSBURGH PA 15262-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$345.00 |

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| 3.49. | Nonpriority creditor's name and mailing address PLUMBMASTER INC. PO BOX 117187 ATLANTA GA 30368-7187 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$934.67 |
| 3.50. | Nonpriority creditor's name and mailing address PURCHASE POWER PO BOX 371874 PITTSBURGH PA 15250-7874 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$334.45 |
| 3.51. | Nonpriority creditor's name and mailing address R.L. SCHREIBER, INC. LESTER TURCHIN CREDITOR MANAGER 2745 W CYPRESS CREEK ROAD SUITE B FORT LAUDERDALE FL 33309 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$703.32 |

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| 3.52. | Nonpriority creditor's name and mailing address RELIABLE PARTS INC 28894 NETWORK PL CHICAGO IL 60673 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$295.17 |
| 3.53. | Nonpriority creditor's name and mailing address RENTOKIL STERITECH 12100 CROWNPOINT DRIVE SUITE 115 SAN ANTONIO TX 78233 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$349.46 |
| 3.54. | Nonpriority creditor's name and mailing address RESIDENT # 135 Address Intentionally Omitted Date or dates debt was incurred 3/31/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$305,910.00 |

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| 3.55. | Nonpriority creditor's name and mailing address RESIDENT # 764 Address Intentionally Omitted Date or dates debt was incurred 4/23/2018 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$350,541.90 |
| 3.56. | Nonpriority creditor's name and mailing address RESIDENT # 765 Address Intentionally Omitted Date or dates debt was incurred 11/4/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$179,910.00 |
| 3.57. | Nonpriority creditor's name and mailing address RESIDENT # 767 Address Intentionally Omitted Date or dates debt was incurred 4/14/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$192,868.00 |

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| 3.58. | Nonpriority creditor's name and mailing address RESIDENT #10 Address Intentionally Omitted Date or dates debt was incurred 2/19/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$482,858.10 |
| 3.59. | Nonpriority creditor's name and mailing address RESIDENT #101 Address Intentionally Omitted Date or dates debt was incurred 11/5/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$428,900.00 |
| 3.60. | Nonpriority creditor's name and mailing address RESIDENT #102 Address Intentionally Omitted Date or dates debt was incurred 12/16/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$311,920.00 |

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| 3.61. | Nonpriority creditor's name and mailing address RESIDENT #103 Address Intentionally Omitted Date or dates debt was incurred 7/30/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$305,663.40 |
| 3.62. | Nonpriority creditor's name and mailing address RESIDENT #105 Address Intentionally Omitted Date or dates debt was incurred 5/26/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$327,240.00 |
| 3.63. | Nonpriority creditor's name and mailing address RESIDENT #107 & #108 Address Intentionally Omitted Date or dates debt was incurred 4/11/2017 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$370,624.00 |

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| 3.64. | Nonpriority creditor's name and mailing address RESIDENT #109 Address Intentionally Omitted Date or dates debt was incurred 11/6/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$311,310.00 |
| 3.65. | Nonpriority creditor's name and mailing address RESIDENT #11 Address Intentionally Omitted Date or dates debt was incurred 8/31/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$239,920.00 |
| 3.66. | Nonpriority creditor's name and mailing address RESIDENT #111 Address Intentionally Omitted Date or dates debt was incurred 3/23/2017 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$379,426.50 |

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| 3.67. | Nonpriority creditor's name and mailing address RESIDENT #112 Address Intentionally Omitted Date or dates debt was incurred 11/4/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$149,950.00 |
| 3.68. | Nonpriority creditor's name and mailing address RESIDENT #116 Address Intentionally Omitted Date or dates debt was incurred 11/11/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$359,910.00 |
| 3.69. | Nonpriority creditor's name and mailing address RESIDENT #117 Address Intentionally Omitted Date or dates debt was incurred 11/14/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$311,310.00 |

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| 3.70. | Nonpriority creditor's name and mailing address RESIDENT #118 Address Intentionally Omitted Date or dates debt was incurred 12/23/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$377,321.40 |
| 3.71. | Nonpriority creditor's name and mailing address RESIDENT #119 & #120 Address Intentionally Omitted Date or dates debt was incurred 3/5/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$297,430.00 |
| 3.72. | Nonpriority creditor's name and mailing address RESIDENT #12 Address Intentionally Omitted Date or dates debt was incurred 5/31/2017 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$138,634.00 |

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| 3.73. | Nonpriority creditor's name and mailing address RESIDENT #121 Address Intentionally Omitted Date or dates debt was incurred 2/16/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$267,321.60 |
| 3.74. | Nonpriority creditor's name and mailing address RESIDENT #122 & #123 Address Intentionally Omitted Date or dates debt was incurred 10/15/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$309,956.00 |
| 3.75. | Nonpriority creditor's name and mailing address RESIDENT #124 Address Intentionally Omitted Date or dates debt was incurred 9/17/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$327,240.00 |

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| 3.76. | Nonpriority creditor's name and mailing address RESIDENT #125 Address Intentionally Omitted Date or dates debt was incurred 8/24/2018 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$533,212.80 |
| 3.77. | Nonpriority creditor's name and mailing address RESIDENT #127 & #128 Address Intentionally Omitted Date or dates debt was incurred 3/7/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$351,840.00 |
| 3.78. | Nonpriority creditor's name and mailing address RESIDENT #129 Address Intentionally Omitted Date or dates debt was incurred 10/19/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$199,919.30 |

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| 3.79. | Nonpriority creditor's name and mailing address RESIDENT #130 Address Intentionally Omitted Date or dates debt was incurred 3/21/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$114,950.00 |
| 3.80. | Nonpriority creditor's name and mailing address RESIDENT #131 & #132 Address Intentionally Omitted Date or dates debt was incurred 12/18/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$394,559.20 |
| 3.81. | Nonpriority creditor's name and mailing address RESIDENT #133 Address Intentionally Omitted Date or dates debt was incurred 8/21/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$342,536.40 |

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| 3.82. | Nonpriority creditor's name and mailing address RESIDENT #134 Address Intentionally Omitted Date or dates debt was incurred 12/31/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$279,200.00 |
| 3.83. | Nonpriority creditor's name and mailing address RESIDENT #136 Address Intentionally Omitted Date or dates debt was incurred 2/27/2017 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$337,059.00 |
| 3.84. | Nonpriority creditor's name and mailing address RESIDENT #138 Address Intentionally Omitted Date or dates debt was incurred 1/3/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$340,720.00 |

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| 3.85. | Nonpriority creditor's name and mailing address RESIDENT #14 Address Intentionally Omitted Date or dates debt was incurred 3/31/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$349,930.00 |
| 3.86. | Nonpriority creditor's name and mailing address RESIDENT #140 Address Intentionally Omitted Date or dates debt was incurred 5/6/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$399,920.00 |
| 3.87. | Nonpriority creditor's name and mailing address RESIDENT #141 & #142 Address Intentionally Omitted Date or dates debt was incurred 11/19/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$535,840.00 |

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| 3.88. | Nonpriority creditor's name and mailing address RESIDENT #145 Address Intentionally Omitted Date or dates debt was incurred 8/31/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$267,321.60 |
| 3.89. | Nonpriority creditor's name and mailing address RESIDENT #146 Address Intentionally Omitted Date or dates debt was incurred 12/31/2017 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$244,242.00 |
| 3.90. | Nonpriority creditor's name and mailing address RESIDENT #147 & #148 Address Intentionally Omitted Date or dates debt was incurred 1/19/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$193,722.50 |

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| 3.91. | Nonpriority creditor's name and mailing address RESIDENT #15 Address Intentionally Omitted Date or dates debt was incurred 6/30/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$374,318.10 |
| 3.92. | Nonpriority creditor's name and mailing address RESIDENT #154 Address Intentionally Omitted Date or dates debt was incurred 6/22/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$327,240.00 |
| 3.93. | Nonpriority creditor's name and mailing address RESIDENT #155 Address Intentionally Omitted Date or dates debt was incurred 11/6/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$188,930.00 |

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| 3.94. | Nonpriority creditor's name and mailing address RESIDENT #157 & #158 Address Intentionally Omitted Date or dates debt was incurred 7/11/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$279,200.00 |
| 3.95. | Nonpriority creditor's name and mailing address RESIDENT #159 Address Intentionally Omitted Date or dates debt was incurred 7/31/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$375,556.30 |
| 3.96. | Nonpriority creditor's name and mailing address RESIDENT #16 Address Intentionally Omitted Date or dates debt was incurred 2/24/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$308,720.00 |

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| 3.97. | Nonpriority creditor's name and mailing address RESIDENT #165 Address Intentionally Omitted Date or dates debt was incurred 5/23/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$294,732.00 |
| 3.98. | Nonpriority creditor's name and mailing address RESIDENT #166 & #167 Address Intentionally Omitted Date or dates debt was incurred 8/24/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$352,710.40 |
| 3.99. | Nonpriority creditor's name and mailing address RESIDENT #168 & #169 Address Intentionally Omitted Date or dates debt was incurred 1/24/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$306,880.00 |

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| 3.100. | Nonpriority creditor's name and mailing address RESIDENT #17 Address Intentionally Omitted Date or dates debt was incurred 12/20/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$359,910.00 |
| 3.101. | Nonpriority creditor's name and mailing address RESIDENT #170 Address Intentionally Omitted Date or dates debt was incurred 10/31/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$294,732.00 |
| 3.102. | Nonpriority creditor's name and mailing address RESIDENT #171 Address Intentionally Omitted Date or dates debt was incurred 7/29/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$368,379.00 |

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| 3.103. | Nonpriority creditor's name and mailing address RESIDENT #173 Address Intentionally Omitted Date or dates debt was incurred 10/31/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$372,273.30 |
| 3.104. | Nonpriority creditor's name and mailing address RESIDENT #174 Address Intentionally Omitted Date or dates debt was incurred 5/20/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$224,910.00 |
| 3.105. | Nonpriority creditor's name and mailing address RESIDENT #175 Address Intentionally Omitted Date or dates debt was incurred 8/19/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$199,430.00 |

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| 3.106. | Nonpriority creditor's name and mailing address RESIDENT #176 Address Intentionally Omitted Date or dates debt was incurred 11/7/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$174,930.00 |
| 3.107. | Nonpriority creditor's name and mailing address RESIDENT #177 & #178 Address Intentionally Omitted Date or dates debt was incurred 6/29/2018 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$459,768.00 |
| 3.108. | Nonpriority creditor's name and mailing address RESIDENT #179 Address Intentionally Omitted Date or dates debt was incurred 3/25/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$251,910.00 |

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| 3.109. | Nonpriority creditor's name and mailing address RESIDENT #18 Address Intentionally Omitted Date or dates debt was incurred 2/12/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$224,910.00 |
| 3.110. | Nonpriority creditor's name and mailing address RESIDENT #180 Address Intentionally Omitted Date or dates debt was incurred 12/20/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$305,910.00 |
| 3.111. | Nonpriority creditor's name and mailing address RESIDENT #181 & # 763 Address Intentionally Omitted Date or dates debt was incurred 5/22/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$319,920.00 |

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| 3.112. | Nonpriority creditor's name and mailing address RESIDENT #182 & # 762 Address Intentionally Omitted Date or dates debt was incurred 5/21/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$347,920.00 |
| 3.113. | Nonpriority creditor's name and mailing address RESIDENT #183 Address Intentionally Omitted Date or dates debt was incurred 4/25/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$316,882.40 |
| 3.114. | Nonpriority creditor's name and mailing address RESIDENT #185 Address Intentionally Omitted Date or dates debt was incurred 11/4/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$244,930.00 |

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| 3.115. | Nonpriority creditor's name and mailing address RESIDENT #186 Address Intentionally Omitted Date or dates debt was incurred 2/17/2017 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$427,077.00 |
| 3.116. | Nonpriority creditor's name and mailing address RESIDENT #19 Address Intentionally Omitted Date or dates debt was incurred 10/14/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$220,271.80 |
| 3.117. | Nonpriority creditor's name and mailing address RESIDENT #190 Address Intentionally Omitted Date or dates debt was incurred 12/5/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$270,130.00 |

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| 3.118. | Nonpriority creditor's name and mailing address RESIDENT #192 Address Intentionally Omitted Date or dates debt was incurred 8/12/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$346,928.40 |
| 3.119. | Nonpriority creditor's name and mailing address RESIDENT #194 & #195 Address Intentionally Omitted Date or dates debt was incurred 9/30/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$313,282.40 |
| 3.120. | Nonpriority creditor's name and mailing address RESIDENT #196 & #197 Address Intentionally Omitted Date or dates debt was incurred 1/31/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$313,053.60 |

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| <p>3.121. Nonpriority creditor's name and mailing address</p> <p>RESIDENT #198 & #199 Address Intentionally Omitted</p> <p>Date or dates debt was incurred</p> <p>8/31/2016</p> <p>Last 4 digits of account number:</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>RESIDENT ENTRANCE FEE LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Amount of claim</p> <p>\$293,472.20</p> |
| <p>3.122. Nonpriority creditor's name and mailing address</p> <p>RESIDENT #2 Address Intentionally Omitted</p> <p>Date or dates debt was incurred</p> <p>9/15/2015</p> <p>Last 4 digits of account number:</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>RESIDENT ENTRANCE FEE LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Amount of claim</p> <p>\$394,631.10</p> |
| <p>3.123. Nonpriority creditor's name and mailing address</p> <p>RESIDENT #20 & #21 Address Intentionally Omitted</p> <p>Date or dates debt was incurred</p> <p>11/4/2013</p> <p>Last 4 digits of account number:</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>RESIDENT ENTRANCE FEE LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Amount of claim</p> <p>\$279,920.00</p> |

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| 3.124. | Nonpriority creditor's name and mailing address RESIDENT #200 Address Intentionally Omitted Date or dates debt was incurred 11/14/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$459,430.20 |
| 3.125. | Nonpriority creditor's name and mailing address RESIDENT #201 Address Intentionally Omitted Date or dates debt was incurred 5/8/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$250,481.26 |
| 3.126. | Nonpriority creditor's name and mailing address RESIDENT #204 & #205 Address Intentionally Omitted Date or dates debt was incurred 3/13/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$414,967.20 |

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| 3.127. | Nonpriority creditor's name and mailing address RESIDENT #206 Address Intentionally Omitted Date or dates debt was incurred 10/3/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$434,889.00 |
| 3.128. | Nonpriority creditor's name and mailing address RESIDENT #208 Address Intentionally Omitted Date or dates debt was incurred 9/25/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$294,732.90 |
| 3.129. | Nonpriority creditor's name and mailing address RESIDENT #210 Address Intentionally Omitted Date or dates debt was incurred 2/24/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$242,910.00 |

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| 3.130. | Nonpriority creditor's name and mailing address RESIDENT #211 & #211 Address Intentionally Omitted Date or dates debt was incurred 8/29/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$209,930.00 |
| 3.131. | Nonpriority creditor's name and mailing address RESIDENT #213 Address Intentionally Omitted Date or dates debt was incurred 3/21/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$199,920.00 |
| 3.132. | Nonpriority creditor's name and mailing address RESIDENT #217 & #218 Address Intentionally Omitted Date or dates debt was incurred 5/16/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$383,920.00 |

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| 3.133. | Nonpriority creditor's name and mailing address RESIDENT #22 & #23 Address Intentionally Omitted Date or dates debt was incurred 12/30/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$304,430.00 |
| 3.134. | Nonpriority creditor's name and mailing address RESIDENT #221 Address Intentionally Omitted Date or dates debt was incurred 10/18/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$233,974.30 |
| 3.135. | Nonpriority creditor's name and mailing address RESIDENT #222 Address Intentionally Omitted Date or dates debt was incurred 6/30/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$429,207.20 |

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| 3.136. | Nonpriority creditor's name and mailing address RESIDENT #224 Address Intentionally Omitted Date or dates debt was incurred 3/5/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$449,910.00 |
| 3.137. | Nonpriority creditor's name and mailing address RESIDENT #225 Address Intentionally Omitted Date or dates debt was incurred 7/6/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$294,096.80 |
| 3.138. | Nonpriority creditor's name and mailing address RESIDENT #227 & #228 Address Intentionally Omitted Date or dates debt was incurred 12/2/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$319,920.00 |

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| 3.139. | Nonpriority creditor's name and mailing address RESIDENT #230 Address Intentionally Omitted Date or dates debt was incurred 9/29/2017 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$351,874.80 |
| 3.140. | Nonpriority creditor's name and mailing address RESIDENT #232 & #233 Address Intentionally Omitted Date or dates debt was incurred 1/26/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$417,093.60 |
| 3.141. | Nonpriority creditor's name and mailing address RESIDENT #235 Address Intentionally Omitted Date or dates debt was incurred 5/13/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$267,321.60 |

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| 3.142. | Nonpriority creditor's name and mailing address RESIDENT #236 Address Intentionally Omitted Date or dates debt was incurred 3/25/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$294,732.00 |
| 3.143. | Nonpriority creditor's name and mailing address RESIDENT #238 Address Intentionally Omitted Date or dates debt was incurred 7/16/2018 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$283,206.60 |
| 3.144. | Nonpriority creditor's name and mailing address RESIDENT #24 Address Intentionally Omitted Date or dates debt was incurred 10/27/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$377,020.00 |

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| 3.145. | Nonpriority creditor's name and mailing address RESIDENT #242 Address Intentionally Omitted Date or dates debt was incurred 12/6/2017 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$351,874.80 |
| 3.146. | Nonpriority creditor's name and mailing address RESIDENT #244 Address Intentionally Omitted Date or dates debt was incurred 8/15/2017 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$275,339.70 |
| 3.147. | Nonpriority creditor's name and mailing address RESIDENT #247 Address Intentionally Omitted Date or dates debt was incurred 11/5/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$192,950.00 |

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| 3.148. | Nonpriority creditor's name and mailing address RESIDENT #25 Address Intentionally Omitted Date or dates debt was incurred 3/12/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$129,950.00 |
| 3.149. | Nonpriority creditor's name and mailing address RESIDENT #26 Address Intentionally Omitted Date or dates debt was incurred 4/6/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$316,384.20 |
| 3.150. | Nonpriority creditor's name and mailing address RESIDENT #28 Address Intentionally Omitted Date or dates debt was incurred 4/27/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$446,085.90 |

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| 3.151. | Nonpriority creditor's name and mailing address RESIDENT #3 & #4 Address Intentionally Omitted Date or dates debt was incurred 5/19/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$279,920.00 |
| 3.152. | Nonpriority creditor's name and mailing address RESIDENT #30 & #31 Address Intentionally Omitted Date or dates debt was incurred 11/25/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$270,130.00 |
| 3.153. | Nonpriority creditor's name and mailing address RESIDENT #33 Address Intentionally Omitted Date or dates debt was incurred 11/18/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$327,920.00 |

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| 3.154. | Nonpriority creditor's name and mailing address RESIDENT #34 Address Intentionally Omitted Date or dates debt was incurred 3/5/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$399,920.00 |
| 3.155. | Nonpriority creditor's name and mailing address RESIDENT #38 Address Intentionally Omitted Date or dates debt was incurred 6/19/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$233,910.00 |
| 3.156. | Nonpriority creditor's name and mailing address RESIDENT #41 Address Intentionally Omitted Date or dates debt was incurred 2/27/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$139,950.00 |

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| 3.157. | Nonpriority creditor's name and mailing address RESIDENT #43 & #44 Address Intentionally Omitted Date or dates debt was incurred 1/13/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$276,720.00 |
| 3.158. | Nonpriority creditor's name and mailing address RESIDENT #47 Address Intentionally Omitted Date or dates debt was incurred 12/16/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$242,130.00 |
| 3.159. | Nonpriority creditor's name and mailing address RESIDENT #48 & #49 Address Intentionally Omitted Date or dates debt was incurred 1/30/2018 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$375,068.00 |

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| 3.160. | Nonpriority creditor's name and mailing address RESIDENT #51 Address Intentionally Omitted Date or dates debt was incurred 1/2/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$359,910.00 |
| 3.161. | Nonpriority creditor's name and mailing address RESIDENT #53 Address Intentionally Omitted Date or dates debt was incurred 7/31/2017 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$275,339.70 |
| 3.162. | Nonpriority creditor's name and mailing address RESIDENT #55 & #56 Address Intentionally Omitted Date or dates debt was incurred 5/23/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$319,920.00 |

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| 3.163. | Nonpriority creditor's name and mailing address RESIDENT #57 Address Intentionally Omitted Date or dates debt was incurred 11/19/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$139,930.00 |
| 3.164. | Nonpriority creditor's name and mailing address RESIDENT #58 Address Intentionally Omitted Date or dates debt was incurred 6/26/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$218,209.50 |
| 3.165. | Nonpriority creditor's name and mailing address RESIDENT #59 & #60 Address Intentionally Omitted Date or dates debt was incurred 10/16/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$314,856.00 |

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| 3.166. | Nonpriority creditor's name and mailing address RESIDENT #6 & #7 Address Intentionally Omitted Date or dates debt was incurred 8/5/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$308,720.00 |
| 3.167. | Nonpriority creditor's name and mailing address RESIDENT #67 Address Intentionally Omitted Date or dates debt was incurred 4/27/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$374,317.20 |
| 3.168. | Nonpriority creditor's name and mailing address RESIDENT #69 & #70 Address Intentionally Omitted Date or dates debt was incurred 12/16/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$308,720.00 |

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| 3.169. | Nonpriority creditor's name and mailing address RESIDENT #71 Address Intentionally Omitted Date or dates debt was incurred 1/22/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$263,920.00 |
| 3.170. | Nonpriority creditor's name and mailing address RESIDENT #714 & # 761 Address Intentionally Omitted Date or dates debt was incurred 12/20/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$399,920.00 |
| 3.171. | Nonpriority creditor's name and mailing address RESIDENT #715 & 716 Address Intentionally Omitted Date or dates debt was incurred 11/5/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$308,168.80 |

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| 3.172. | Nonpriority creditor's name and mailing address RESIDENT #72 Address Intentionally Omitted Date or dates debt was incurred 10/22/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$327,240.00 |
| 3.173. | Nonpriority creditor's name and mailing address RESIDENT #723 & #759 Address Intentionally Omitted Date or dates debt was incurred 8/7/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$383,920.00 |
| 3.174. | Nonpriority creditor's name and mailing address RESIDENT #724 Address Intentionally Omitted Date or dates debt was incurred 4/15/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$374,318.10 |

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| 3.175. | Nonpriority creditor's name and mailing address RESIDENT #725 Address Intentionally Omitted Date or dates debt was incurred 2/17/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$139,930.00 |
| 3.176. | Nonpriority creditor's name and mailing address RESIDENT #728 & #729 Address Intentionally Omitted Date or dates debt was incurred 1/8/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$230,930.00 |
| 3.177. | Nonpriority creditor's name and mailing address RESIDENT #73 Address Intentionally Omitted Date or dates debt was incurred 3/6/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$347,310.00 |

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| 3.178. | Nonpriority creditor's name and mailing address RESIDENT #731 Address Intentionally Omitted Date or dates debt was incurred 5/21/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$348,700.50 |
| 3.179. | Nonpriority creditor's name and mailing address RESIDENT #74 Address Intentionally Omitted Date or dates debt was incurred 3/31/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$399,920.00 |
| 3.180. | Nonpriority creditor's name and mailing address RESIDENT #75 Address Intentionally Omitted Date or dates debt was incurred 10/31/2016 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$383,085.60 |

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| 3.181. | Nonpriority creditor's name and mailing address RESIDENT #758 & #759 Address Intentionally Omitted Date or dates debt was incurred 11/13/2017 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$485,808.00 |
| 3.182. | Nonpriority creditor's name and mailing address RESIDENT #76 Address Intentionally Omitted Date or dates debt was incurred 4/18/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$260,938.30 |
| 3.183. | Nonpriority creditor's name and mailing address RESIDENT #760 & #126 Address Intentionally Omitted Date or dates debt was incurred 12/18/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$164,950.00 |

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| 3.184. | Nonpriority creditor's name and mailing address RESIDENT #766 & #79 Address Intentionally Omitted Date or dates debt was incurred 11/12/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$319,920.00 |
| 3.185. | Nonpriority creditor's name and mailing address RESIDENT #77 Address Intentionally Omitted Date or dates debt was incurred 9/21/2018 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$346,689.90 |
| 3.186. | Nonpriority creditor's name and mailing address RESIDENT #78 Address Intentionally Omitted Date or dates debt was incurred 11/8/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$224,910.00 |

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| 3.187. | Nonpriority creditor's name and mailing address RESIDENT #81 Address Intentionally Omitted Date or dates debt was incurred 12/31/2015 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$257,039.10 |
| 3.188. | Nonpriority creditor's name and mailing address RESIDENT #83 Address Intentionally Omitted Date or dates debt was incurred 11/30/2018 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$346,689.90 |
| 3.189. | Nonpriority creditor's name and mailing address RESIDENT #85 Address Intentionally Omitted Date or dates debt was incurred 8/16/2018 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$434,804.40 |

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| 3.190. | Nonpriority creditor's name and mailing address RESIDENT #86 Address Intentionally Omitted Date or dates debt was incurred 12/20/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$149,950.00 |
| 3.191. | Nonpriority creditor's name and mailing address RESIDENT #9 Address Intentionally Omitted Date or dates debt was incurred 5/30/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$179,910.00 |
| 3.192. | Nonpriority creditor's name and mailing address RESIDENT #91 Address Intentionally Omitted Date or dates debt was incurred 11/5/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$413,910.00 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

| | | | |
|--------|--|--|--|
| 3.193. | Nonpriority creditor's name and mailing address RESIDENT #92 Address Intentionally Omitted Date or dates debt was incurred 5/1/2018 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$494,242.20 |
| 3.194. | Nonpriority creditor's name and mailing address RESIDENT #93 & #94 Address Intentionally Omitted Date or dates debt was incurred 12/18/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$209,930.00 |
| 3.195. | Nonpriority creditor's name and mailing address RESIDENT #96 Address Intentionally Omitted Date or dates debt was incurred 11/8/2013 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$242,910.00 |

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| | | | |
|--------|---|--|--|
| 3.196. | Nonpriority creditor's name and mailing address RESIDENT #98 & #99 Address Intentionally Omitted Date or dates debt was incurred 6/30/2014 Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENT ENTRANCE FEE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$328,572.00 |
| 3.197. | Nonpriority creditor's name and mailing address RUNYON 410 WEST CARMEL DR CARMEL IN 46032 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$480.00 |
| 3.198. | Nonpriority creditor's name and mailing address SENECA MEDICAL LLC PO BOX 933006 CLEVELAND OH 44193 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$315.73 |

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| | | | |
|--------|--|---|--|
| 3.199. | Nonpriority creditor's name and mailing address SENIOR QUALITY LIFESTYLES CORPORATION (SQLC) 12720 HILLCREST ROAD SUITE 106 DALLAS TX 75230 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED MANAGEMENT FEES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,374,682.00 |
| 3.200. | Nonpriority creditor's name and mailing address SENIOR QUALITY LIFESTYLES CORPORATION (SQLC) 12720 HILLCREST ROAD SUITE 106 DALLAS TX 75230 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LIQUIDITY SUPPORT AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,279,051.00 |
| 3.201. | Nonpriority creditor's name and mailing address SENIOR QUALITY LIFESTYLES CORPORATION (SQLC) 12720 HILLCREST ROAD SUITE 106 DALLAS TX 75230 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SUBORDINATED NOTE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$246,764.00 |

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| | | | |
|--------|---|---|---------------------------------------|
| 3.202. | Nonpriority creditor's name and mailing address SENIORITY, INC. 15601 DALLAS PARKWAY SUITE 200 ADDISON TX 75001 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REIMBURSABLES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$99,208.00 |
| 3.203. | Nonpriority creditor's name and mailing address SHRED-IT USA PO BOX 101007 PASADENA CA 91189-1007 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$146.28 |
| 3.204. | Nonpriority creditor's name and mailing address SPECIALIZED MEDICAL SERVICES 7237 SOLUTIONS CTR CHICAGO IL 60677-7002 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,357.60 |

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| | | | |
|--------|--|---|--------------------------------------|
| 3.205. | Nonpriority creditor's name and mailing address ST. VINCENT 13500 NORTH MERIDIAN STREET CARMEL IN 46032 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$2,000.00 |
| 3.206. | Nonpriority creditor's name and mailing address STILL WATERS ADULT DAY CENTER 7160 SHADELAND STATION INDIANAPOLIS IN 46256 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$1,500.00 |
| 3.207. | Nonpriority creditor's name and mailing address SUSAN BOOTS 5103 TIMBER RIDGE TRACE BROWNSBURG IN 46112 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$125.00 |

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| | | | |
|--------|--|---|--------------------------------------|
| 3.208. | Nonpriority creditor's name and mailing address SW PROFESSIONAL CARE MGT., LLC PO BOX 3425 CARMEL IN 46082 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$90.00 |
| 3.209. | Nonpriority creditor's name and mailing address SZWAST OLDER ADULT PSYCHIATRIC PO BOX 70 FISHERS IN 46038-0070 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$1,000.00 |
| 3.210. | Nonpriority creditor's name and mailing address THE SHERWIN WILLIAMS CO. 831 S RANGE LINE RD STE 1 CARMEL IN 46032-2539 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$994.36 |

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| | | | |
|--------|--|---|--------------------------------------|
| 3.211. | Nonpriority creditor's name and mailing address THOMPSON & KNIGHT LLP 1722 ROUTH ST STE 1500 DALLAS TX 75201 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$1,008.50 |
| 3.212. | Nonpriority creditor's name and mailing address UMB BANK, N.A. 120 SOUTH SIXTH ST STE 1400 MINNEAPOLIS MN 55402 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$4,422.33 |
| 3.213. | Nonpriority creditor's name and mailing address WASTE MANAGEMENT PO BOX 4648 CAROL STREAM IL 60197-4648 Date or dates debt was incurred VARIOUS Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OR SERVICE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$3,371.32 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|---|--|---|
| AT&T MOBILITY PO BOX 6463 CAROL STREAM IL 60197 | Part 2 line 3.5 | _____ |
| JACKSON WALKER LLP J SCOTT ROSE 112 E PECAN ST STE 2400 SAN ANTONIO TX 78205 | Part 2 line 3.212 | _____ |
| JACKSON WALKER LLP KENNETH STOHNER JR;VIENNA F ANAYA 2323 ROSS AVE STE 600 DALLAS TX 75201 | Part 2 line 3.212 | _____ |
| MINTZ LEVIN COHN FERRIS ET AL DANIEL S. BLECK ONE FINANCIAL CENTER BOSTON MA 02111 | Part 2 line 3.212 | _____ |
| MINTZ LEVIN COHN FERRIS ET AL CHARLES AZANO ONE FINANCIAL CENTER BOSTON MA 02111 | Part 2 line 3.212 | _____ |
| PIKE MEDICAL CONSULTANTS, P.C. PO BOX 6069 DEPT 213 INDIANAPOLIS IN 46206-6069 | Part 2 line 3.46 | _____ |
| UMB BANK NA TRUST FEES DEPT PO BOX 414589 KANSAS CITY MO 64141-4589 | Part 2 line 3.212 | _____ |
| WASTE MANAGEMENT OF INDIANA 1519 FRANKLIN ST SOUTH BEND IN 46613 | Part 2 line 3.213 | _____ |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

| | | | Total of claim amounts |
|--|-----|---|------------------------|
| 5a. Total claims from Part 1 | 5a. | | \$0.00 |
| 5b. Total claims from Part 2 | 5b. | + | \$49,443,035.19 |
| 5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c. | 5c. | | \$49,443,035.19 |

Fill in this information to identify the case:**Debtor name:** Mayflower Communities, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-30283☐ Check if this is an amended filingOfficial Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

| 2. List all contracts and unexpired leases | | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
|--|---|---|
| 2.1. | Title of contract REFERRAL/COMMISSION AGREEMENT FOR INFORMATION SERVICES State what the contract or lease is for INFORMATION SERVICES AGREEMENT. Nature of debtor's interest _____ State the term remaining 9/8/2014 List the contract number of any government contract _____ | A PLACE FOR MOM, INC. 701 FIFTH AVENUE SUITE 3200 SEATTLE WA 98104 |
| 2.2. | Title of contract REFERRAL/COMMISSION AGREEMENT FOR INFORMATION SERVICES State what the contract or lease is for INFORMATION SERVICES AGREEMENT. Nature of debtor's interest _____ State the term remaining 12/18/2018 List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease A PLACE FOR MOM, INC. 701 FIFTH AVENUE SUITE 3200 SEATTLE WA 98104 |
| 2.3. | Title of contract SERVICE AGREEMENT State what the contract or lease is for A SERVICE AGREEMENT. Nature of debtor's interest _____ State the term remaining 5/17/2016 List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ABILITY NETWORK INC. 100 NORTH 6TH ST. SUITE 900A MINNEAPOLIS MN 55403 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- 2.4. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** A SERVICE AGREEMENT.
- Nature of debtor's interest** _____ ABILITY NETWORK INC.
100 NORTH 6TH ST.
SUITE 900A
MINNEAPOLIS MN 55403
- State the term remaining** 10/7/2016
- List the contract number of any government contract** _____
- 2.5. **Title of contract** WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY POLICY # 140-0011172 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED
- State the term remaining** DECEMBER 1, 2019
- List the contract number of any government contract** _____ ACCIDENT FUND INSURANCE
COMPANY OF AMERICA
200 NORTH GRAND AVENUE
LANSING MI 48901
- 2.6. **Title of contract** ACCUSHIELD QUOTE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** A PRICING CONTRACT FOR A TABLET, PRINTER AND THEIR INSTALLATION.
- Nature of debtor's interest** _____
- State the term remaining** 8/27/2017
- List the contract number of any government contract** _____ ACCUSHIELD LLC
2030 POWERS FERRY RD
#360
ATLANTA GA 30339
- 2.7. **Title of contract** SOFTWARE LICENSE AND SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR SOFTWARE LICENSES AND SERVICES.
- Nature of debtor's interest** _____
- State the term remaining** 6/26/2013
- List the contract number of any government contract** _____ ADVANCED ANSWERS ON
DEMAND, INC.
11575 HERON BAY BLVD
SUITE 200
CORAL SPRINGS FL 33076
- 2.8. **Title of contract** FACILITY SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR PROVISION OF SERVICES AS ARTICULATED IN THE AGREEMENT.
- Nature of debtor's interest** _____
- State the term remaining** 1/1/2018
- List the contract number of any government contract** _____ AETNA
333 W. WACKER DRIVE
SUITE 2100
CHICAGO IL 60606

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- 2.9. **Title of contract** MASTER CLIENT RELATIONSHIP AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR ALLSCRIPTS SOLUTIONS.
- Nature of debtor's interest** _____ ALLSCRIPTS
3 RAVINIA DRIVE
SUITE B150
ATLANTA GA 30346
- State the term remaining** 3/14/2014
- List the contract number of any government contract** _____
- 2.10. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TERMS AND CONDITIONS FOR TEXTILE RENTAL SERVICE AGREEMENT.
- Nature of debtor's interest** _____ ALSCO INC.
175 SOUTH WEST TEMPLE
SUITE 510
SALT LAKE CITY UT 84101
- State the term remaining** 12/2/2016
- List the contract number of any government contract** _____
- 2.11. **Title of contract** FORMAL AGREEMENT LETTER **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LETTER SERVING AS A FORMAL AGREEMENT BETWEEN AMERICAN HEALTH ASSOCIATES AND THE BARRINGTON OF CARMEL.
- Nature of debtor's interest** _____ AMERICAN HEALTH ASSOCIATES, INC.
2831 CORPORATE WAY
MIRAMAR FL 33025
- State the term remaining** 3/13/2015
- List the contract number of any government contract** _____
- 2.12. **Title of contract** AUTHORIZED PROVIDER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR AUTHORIZED USAGE OF RED CROSS TRAINING MATERIALS.
- Nature of debtor's interest** _____ AMERICAN RED CROSS - HEALTH & SAFETY SERVICES
25688 NETWORK PLACE
CHICAGO IL 60673
- State the term remaining** 12/8/2017
- List the contract number of any government contract** _____
- 2.13. **Title of contract** AMBULANCE SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR AMBULANCE SERVICES.
- Nature of debtor's interest** _____ AMERICARE AMBULANCE SERVICE LLC
2745 NORTH DALLAS PARKWAY
SUITE 600
PLANO TX 75093
- State the term remaining** 9/16/2013
- List the contract number of any government contract** _____

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- 2.14. **Title of contract** ANCILLARY PROVIDER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR HEALTH SERVICES PROVIDED TO COVERED INDIVIDUALS.
- Nature of debtor's interest** _____ ANTHEM INSURANCE COMPANIES, INC. D/B/A ANTHEM BLUE CROSS AND BLUE SHIELD
2221 EDWARD HOLLAND DRIVE
RICHMOND VA 23230
- State the term remaining** 10/1/2014
- List the contract number of any government contract** _____
- 2.15. **Title of contract** PERFORMANCE ASSURANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR PREVENTIVE MAINTENANCE AND REPAIR SERVICE.
- Nature of debtor's interest** _____ ARJOHUNTLEIGH
2319 W. LAKE ST.
250
ADDISON IL 60101
- State the term remaining** 12/1/2017
- List the contract number of any government contract** _____
- 2.16. **Title of contract** EMERGENCY EVACUATION TRANSFER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR EMERGENCY EVACUATION.
- Nature of debtor's interest** _____ ASPEN TRACE
3154 S. SR 135
GREENWOOD IN 46143
- State the term remaining** 11/30/2017
- List the contract number of any government contract** _____
- 2.17. **Title of contract** AGREEMENT BETWEEN CUSTOMER AND SERVICE PROVIDERS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE PROVIDER AGREEMENT.
- Nature of debtor's interest** _____ ASSOCIATED TIME & PARKING CONTROLS, INC.
9104 DIPLOMACY ROW
DALLAS TX 75247
- State the term remaining** 6/24/2013
- List the contract number of any government contract** _____
- 2.18. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR TEMPORARY STAFFING PURPOSES.
- Nature of debtor's interest** _____ ATC HEALTHCARE SERVICES, INC.
1983 MARCUS AVENUE
NORTH NEW HYDE PARK NY 11042
- State the term remaining** 6/21/2017
- List the contract number of any government contract** _____

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- 2.19. **Title of contract** EMPLOYMENT PRACTICES LIABILITY POLICY # MML-09824-18
State what the contract or lease is for INSURANCE
Nature of debtor's interest INSURED
State the term remaining JANUARY 30, 2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 ATLANTIC SPECIALTY INSURANCE COMPANY
 605 HIGHWAY 169 NORTH
 SUITE 800
 PLYMOUTH MN 55441
- 2.20. **Title of contract** CUSTOMER AGREEMENT
State what the contract or lease is for A CLIENT SERVICE AGREEMENT.
Nature of debtor's interest _____
State the term remaining 3/2/2018
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 ATTENDANCE ON DEMAND, INC.
 22300 HAGGERTY RD.
 NORTHVILLE MI 48167
- 2.21. **Title of contract** FACILITY SERVICE AGREEMENT
State what the contract or lease is for FOR AUDIOLOGY AND BALANCE.
Nature of debtor's interest _____
State the term remaining 10/4/2013
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 AUDIOLOGY ASSOCIATES OF INDIANA
 119 EAST 3RD STREET
 RUSHVILLE IN 46173
- 2.22. **Title of contract** CUSTOMER AGREEMENT
State what the contract or lease is for A CLIENT SERVICE AGREEMENT.
Nature of debtor's interest _____
State the term remaining 3/2/2018
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 AUERON HR, INC.
 7760 OFFICE PLAZA DR. S.
 WEST DES MOINES IA 50266
- 2.23. **Title of contract** ORGANIZATION ACCESS AGREEMENT
State what the contract or lease is for AGREEMENT FOR THE AVAILITY SECURE WEB SITE.
Nature of debtor's interest _____
State the term remaining 7/17/2014
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 AVAILITY, LLC
 7406 FULLERTON STREET
 SUITE 300
 JACKSONVILLE FL 32256

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- 2.24. **Title of contract** SOFTWARE CONTRACT
- State what the contract or lease is for** FOR BLACKBOARD SOFTWARE AND SERVICES.
- Nature of debtor's interest** _____
- State the term remaining** 12/8/2017
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
BLACKBOARD INC.
1111 19TH ST. NW
WASHINGTON DC 20006
- 2.25. **Title of contract** PREVENTATIVE MAINTENANCE PROPOSAL
- State what the contract or lease is for** FOR SERIES OF MAINTENANCE CHECKS DEEMED NECESSARY BY SERVICE TECHNICIAN.
- Nature of debtor's interest** _____
- State the term remaining** 9/25/2017
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
BOB BLOCK FITNESS EQUIPMENT
8128 CASTLEWAY CT. WEST
INDIANAPOLIS IN 46250
- 2.26. **Title of contract** TRANSPORTATION SERVICES PROVIDER AGREEMENT
- State what the contract or lease is for** FOR AMBULANCE TRANSPORTATION SERVICES.
- Nature of debtor's interest** _____
- State the term remaining** 12/4/2013
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CARE AMBULANCE SYSTEMS
1202 W. 16TH STREET
INDIANAPOLIS IN 46202
- 2.27. **Title of contract** SENIOR PLACEMENT SERVICES AGREEMENT
- State what the contract or lease is for** FOR PLACEMENT SERVICES.
- Nature of debtor's interest** _____
- State the term remaining** 4/20/2016
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CARE PATROL
P.O. BOX 59
WESTFIELD IN 46032
- 2.28. **Title of contract** SERVICE ACTIVATION AGREEMENT
- State what the contract or lease is for** SERVICE ACTIVATION.
- Nature of debtor's interest** _____
- State the term remaining** 1/5/2017
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CAREERBUILDER, LLC
200 NORTH LASALLE STREET
SUITE 1100
CHICAGO IL 60601

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.29. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | GENERAL AND PROFESSIONAL LIABILITY POLICY # CCRRRG-0038-19 INSURANCE INSURED JANUARY 1, 2020 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CARING COMMUNITIES, A RECIPROCAL RISK RETENTION GROUP 1850 WEST WINCHESTER ROAD SUITE 109 LIBERTYVILLE IL 60048 |
| 2.30. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | ARCHITEL CLOUD ARCHITEL CLOUD SOFTWARE SOLUTIONS <hr/> 8/23/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CENTRE TECHNOLOGIES, INC. 16801 GREENSPOINT PARK DRIVE SUITE 200 HOUSTON TX 77060 |
| 2.31. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | ANCILLARY SERVICES AGREEMENT FOR PROVISION OF COVERED SERVICES. <hr/> 11/1/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CIGNA HEALTHCARE OF INDIANA, INC. 11595 MERIDIAN STREET SUITE 500 CARMEL IN 46032 |
| 2.32. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | PREVENTATIVE MAINTENANCE AGREEMENT <hr/> 8/28/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease COMMERCIAL FOODSERVICE REPAIR, INC. 11101 CUTTEN ROAD UNIT 106 HOUSTON TX 77066 |
| 2.33. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | ORDER FORM FOR SERVICE ADMINISTRATION INVOICE PROCESSING. <hr/> 9/26/2018 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CONCUR TECHNOLOGIES, INC. 601 108TH AVENUE NE SUITE 1000 BELLEVUE WA 98004 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.34. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | DIETARY CONSULTING AGREEMENT FOR DIETARY CONSULTING. _____ 9/21/2018 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CUMMINS NUTRITION & WELLNESS, LLC 3010 LAKE VIEW BLVD EVANSVILLE IN 47720 |
| 2.35. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | COSMETOLOGY SERVICE AGREEMENT FOR COSMETOLOGY SERVICES TO RESIDENTS AT ON-SITE SALONS. _____ 10/1/2013 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ELAN SALON GROUP 3500 SNOUFFER RD. STE 100 COLUMBUS OH 43235 |
| 2.36. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LANDSCAPE MAINTENACE CONTRACT _____ 11/3/2017 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ENGLEDOW GROUP 1100 EAST 116TH STREET CARMEL IN 46032 |
| 2.37. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | SNOW & ICE MANAGEMENT _____ 8/16/2017 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ENGLEDOW GROUP 1100 EAST 116TH STREET CARMEL IN 46032 |
| 2.38. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | ENQUIRELEADS TECHNOLOGY SERVICES SUBSCRIPTION AGREEMENT A TECHNOLOGY SERVICES SUBSCRIPTION AGREEMENT. _____ 10/18/2017 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ENQUIRE SOLUTIONS, LLC 6400 S. FIDDLERS GREEN CIR 8TH FLOOR GREENWOOD VILLAGE CO 80111 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.39. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | AGREEMENT FOR NURSING FACILITY SERVICES FOR NURSING FACILITY SERVICES. <hr/> 7/13/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease F.C. OF INDIANA, INC. D/B/A INTREPID USA HOSPICE 3333 FOUNDERS ROAD INDIANAPOLIS IN 46268 |
| 2.40. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | AGREEMENT FOR NURSING FACILITY SERVICES FOR NURSING FACILITY SERVICES. <hr/> 12/8/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease F.C. OF INDIANA, INC. D/B/A INTREPID USA HOSPICE 3333 FOUNDERS ROAD INDIANAPOLIS IN 46268 |
| 2.41. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | SNF OUTPATIENT DIALYSIS SERVICES AGREEMENT FOR DIALYSIS SERVICES. <hr/> 1/26/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease FRESENIUS MEDICAL CARE FISHERS, LLC D/B/A FRESENIUS MEDICAL CARE OF FISHERS 13648 OLIVIA WAY FISHERS IN 46037 |
| 2.42. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | ONE-TIME RESPITE SERVICES AGREEMENT FOR RESPITE SERVICES. <hr/> 3/27/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease GENTIVA HOSPICE AND VISTA HOSPICE, LLC D/B/A GENTIVA HOSPICE 5550 S. EAST STREET BUILDING B SUITE A INDIANAPOLIS IN 46227 |
| 2.43. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | FOUNDATION PAGE ADDITION TO WEBSITE <hr/> 12/17/2018 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease GLYNNDEVINS 8880 WARD PARKWAY SUITE 400 KANAS CITY MO 64114 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- 2.44. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR NEW HIRE EMPLOYEE SCREENING PHYSICALS.
- Nature of debtor's interest** _____ GRACE AT HOUSE
5256 E. 65TH STREET
INDIANAPOLIS IN 46220
- State the term remaining** 12/18/2017
- List the contract number of any government contract** _____
- 2.45. **Title of contract** PHARMACY SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR PHARMACY SERVICES.
- Nature of debtor's interest** _____ GRANDVIEW HEALTHCARE, INC.
D/B/A GRANDVIEW PHARMACY
675 PATRICK PLACE
BROWNSBURG IN 46112
- State the term remaining** 11/1/2013
- List the contract number of any government contract** _____
- 2.46. **Title of contract** CONSULTANT PHARMACIST AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for**
- Nature of debtor's interest** _____ GRANDVIEW HEALTHCARE, LLC
D/B/A GRANDVIEW PHARMACY
474 SOUTHPOINT CIRCLE
BROWNSBURG IN 46112
- State the term remaining** 5/1/2018
- List the contract number of any government contract** _____
- 2.47. **Title of contract** THIRD PARTY PROVIDER ACCESS AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR TRANSPORTATION SERVICES.
- Nature of debtor's interest** _____ GRAYS TRANSPORTATION LLC
3639 KATELYN WAY
INDIANAPOLIS IN 46228
- State the term remaining** 5/5/2015
- List the contract number of any government contract** _____
- 2.48. **Title of contract** HOSPICE-NURSING FACILITY SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR HOSPICE CARE SERVICES.
- Nature of debtor's interest** _____ GREAT LAKES CARING HOSPICE C
IN, LLC D/B/A GREAT LAKES
CARING
1620 HAWTHORNE DRIVE
PLAINFIELD IN 46168
- State the term remaining** 10/27/2016
- List the contract number of any government contract** _____

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.49. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | SERVICE AGREEMENT FOR MENTAL HEALTH SERVICES. <hr/> 1/8/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease GREENHOUSE & ASSOCIATES, INC. 5023 E. 56TH STE 110 INDIANAPOLIS IN 46226 |
| 2.50. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | CONTRACT FOR LABORATORY SERVICE FOR LABORATORY SERVICE. <hr/> 12/1/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease GREENWOOD MEDICAL LABORATORY, INC. 622 N. MADISON AVE. GREENWOOD VILLAGE IN 46142 |
| 2.51. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | NURSING FACILITY SERVICES AGREEMENT FOR NURSING FACILITY SERVICES. <hr/> 8/8/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease GUARDIAN ANGEL HOSPICE, INC. 513 W. LINCOLN RD. KOKOMO IN 46902 |
| 2.52. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | SUBSCRIPTION AGREEMENT SUBSCRIPTION AGREEMENT FOR HCR'S SERVICES. <hr/> 6/22/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HEALTHCARE RESEARCH LLC 205 N. MICHIGAN AVE. SUITE 1400 CHICAGO IL 60601 |
| 2.53. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | MEDICAL WASTE SERVICE AGREEMENT HEALTHCARE WASTE MANAGEMENT SERVICES TO BE PROVIDED <hr/> 10/16/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HEALTHCARE WASTE MANAGEMENT, INC. P.O. BOX 1218 FRANKFORT IL 60423 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- 2.54. **Title of contract** BUSINESS ASSOCIATE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR THERAPY MANAGEMENT SOLUTIONS.
- Nature of debtor's interest** _____ HEALTHPRO THERAPY SERVICES, LLC
- State the term remaining** 9/1/2014 10600 YORK ROAD
- List the contract number of any government contract** _____ SUITE 105
COCKEYSVILLE MD 21030
- 2.55. **Title of contract** SKILLED NURSING FACILITY THERAPY SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR NURSING FACILITY SERVICES.
- Nature of debtor's interest** _____ HEALTHPRO THERAPY SERVICES, LLC
- State the term remaining** 1/10/2013 10600 YORK ROAD
- List the contract number of any government contract** _____ SUITE 105
COCKEYSVILLE MD 21030
- 2.56. **Title of contract** AMBULANCE SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR AMBULANCE SERVICES.
- Nature of debtor's interest** _____ HEARTLAND AMBULANCE SERVICE LLC
- State the term remaining** 10/1/2014 408 W. AIR PARK DR.
- List the contract number of any government contract** _____ MUNCIE IN 47303
- 2.57. **Title of contract** GENERAL INPATIENT AND RESPITE CARE SKILLED NURSING FACILITY AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR GENERAL INPATIENT AND RESPITE CARE.
- Nature of debtor's interest** _____ HEARTLAND HOSPICE SERVICES, LLC D/B/A HEARTLAND HOSPICE SERVICES
- State the term remaining** 2/24/2015 931 E. 86TH STREET
- List the contract number of any government contract** _____ SUITE 208
INDIANAPOLIS IN 46240
- 2.58. **Title of contract** GENERAL INPATIENT AND RESPITE CARE SKILLED NURSING FACILITY AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR GENERAL INPATIENT AND RESPITE CARE.
- Nature of debtor's interest** _____ HEARTLAND HOSPICE SERVICES, LLC D/B/A HEARTLAND HOSPICE SERVICES
- State the term remaining** 3/29/2016 931 E. 86TH STREET
- List the contract number of any government contract** _____ SUITE 208
INDIANAPOLIS IN 46240

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.59. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | NURSING FACILITY AGREEMENT FOR NURSING FACILITY SERVICES. <hr/> 12/5/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HEARTLAND HOSPICE SERVICES, LLC D/B/A HEARTLAND HOSPICE SERVICES 931 E. 86TH STREET SUITE 208 INDIANAPOLIS IN 46240 |
| 2.60. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | NURSING FACILITY AGREEMENT FOR NURSING FACILITY SERVICES. <hr/> 3/29/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HEARTLAND HOSPICE SERVICES, LLC D/B/A HEARTLAND HOSPICE SERVICES 931 E. 86TH STREET SUITE 208 INDIANAPOLIS IN 46240 |
| 2.61. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | RESIDENTIAL HOSPICE CARE AGREEMENT FOR HOSPICE CARE SERVICES. <hr/> 4/17/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HOSPICE OF AMERICA LLC, D/B/A HARBOR LIGHT HOSPICE 7164 GRAHAM ROAD SUITE 150 INDIANAPOLIS IN 46250 |
| 2.62. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | RESIDENTIAL HOSPICE CARE AGREEMENT FOR HOSPICE CARE SERVICES. <hr/> 5/3/2018 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HOSPICE OF AMERICA LLC, D/B/A HARBOR LIGHT HOSPICE 7164 GRAHAM ROAD SUITE 150 INDIANAPOLIS IN 46250 |
| 2.63. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | DIRECTORS & OFFICERS LIABILITY POLICY POLICY # ELL015040300 INSURANCE INSURED DECEMBER 1, 2019 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease INDIAN HARBOR INSURANCE COMPANY 70 SEAVIEW AVENUE STAMFORD CT 06902 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.64. | Title of contract | OPERATING - PARTICIPATION AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | FOR PARTICIPATION IN HEALTH CARE SERVICE NETWORK IN THE STATE OF INDIANA. | |
| | Nature of debtor's interest | _____ | INDIANA HEALTH SERVICES NETWORK, LLC |
| | State the term remaining | 6/22/2016 | 6280 WEST 96TH STREET |
| | List the contract number of any government contract | _____ | INDIANAPOLIS IN 46278 |
| 2.65. | Title of contract | LABORATORY SERVICES AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | FOR LABORATORY SERVICES. | |
| | Nature of debtor's interest | _____ | INDIANA UNIVERSITY HEALTH, INC. |
| | State the term remaining | 4/2/2015 | 350 W. 11TH STREET |
| | List the contract number of any government contract | _____ | INDIANAPOLIS IN 46202 |
| 2.66. | Title of contract | HOSPICES SERVICES AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | TO PROVIDE TERMINALLY ILL RESIDENTS OF THE FACILITY WITH NECESSARY HOSPICE SERVICES IN CONJUNCTION WITH NURSING FACILITY SERVICES | |
| | Nature of debtor's interest | _____ | INDIANA UNIVERSITY HEALTH, INC. |
| | State the term remaining | 9/22/2014 | D/B/A INDIANA UNIVERSITY HEALTH HOSPICE |
| | List the contract number of any government contract | _____ | 1828 N. ILLINOIS STREET |
| | | | INDIANAPOLIS IN 46206 |
| 2.67. | Title of contract | HOSPICES SERVICES AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | TO PROVIDE TERMINALLY ILL RESIDENTS OF THE FACILITY WITH NECESSARY HOSPICE SERVICES IN CONJUNCTION WITH NURSING FACILITY SERVICES | |
| | Nature of debtor's interest | _____ | INDIANA UNIVERSITY HEALTH, INC. |
| | State the term remaining | 8/15/2014 | D/B/A INDIANA UNIVERSITY HEALTH HOSPICE |
| | List the contract number of any government contract | _____ | 1828 N. ILLINOIS STREET |
| | | | INDIANAPOLIS IN 46206 |
| 2.68. | Title of contract | CLINICAL AFFILIATION AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | FOR CLINICAL EXPERIENCE TO STUDENTS ENROLLED IN THE UNIVERSITY. | |
| | Nature of debtor's interest | _____ | INDIANA UNIVERSITY SCHOOL OF NURSING |
| | State the term remaining | 1/23/2015 | 600 BARNHILL DR. |
| | List the contract number of any government contract | _____ | INDIANAPOLIS IN 46202 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- 2.69. **Title of contract** EMPLOYER OCCUPATIONAL TRAINING
State what the contract or lease is for OCCUPATIONAL SKILLS TRAINING.
Nature of debtor's interest _____
State the term remaining 1/15/2018
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
INDIANA WORKFORCE DEVELOPMENT
10 N. SENATE AVENUE
INDIANAPOLIS IN 46204
- 2.70. **Title of contract** SERVICE AGREEMENT
State what the contract or lease is for FOR NON-MEDICAL INHOME CARE SERVICES.
Nature of debtor's interest _____
State the term remaining 6/12/2015
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
IRONS, INC., D/B/A HOME INSTEAD SENIOR CARE
341 LOGAN STREET
STE L100
NOBLESVILLE IN 46060
- 2.71. **Title of contract** MANAGEMENT LIABILITY AND COMPANY REIMBURSEMENT POLICY # ELU159110-18
State what the contract or lease is for INSURANCE
Nature of debtor's interest INSURED
State the term remaining DECEMBER 1, 2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
JLT SPECIALTY INSURANCE SERVICES INC.
350 MADISON AVENUE
7TH FLOOR
NEW YORK NY 10017
- 2.72. **Title of contract** CLINICAL SITE LETTER OF AGREEMENT
State what the contract or lease is for REQUESTING THE BARRINGTON TO USE ITS FACILITY AS A CLINICAL TRAINING SITE FOR CLASSES TO BE OFFERED ONCE A MONTH.
Nature of debtor's interest _____
State the term remaining 12/12/2017
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
LEGACY CNA TRAINING, LLC
3131 GRAPE RD.
#100
MISHAWAKA IN 46545
- 2.73. **Title of contract** CONTRACTS FOR COST REPORT SERVICES
State what the contract or lease is for FOR PREPARATION OF MEDICARE COST REPORT.
Nature of debtor's interest _____
State the term remaining 3/23/2015
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
LJB CONSULTING, INC
1301 S. BOWEN ROAD
SUITE 435
ARLINGTON TX 76013

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.74. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | AGREEMENT FOR NETWORK AFFILIATION AND NETWORK SERVICES FOR NETWORK PLAN AFFILIATION AND PROVISION OF COVERED SERVICES. <hr/> 4/3/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MANAGEMENT AND NETWORK SERVICES, LLC 4892 BLAZER PARKWAY DUBLIN OH 43017 |
| 2.75. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | AGREEMENT OF AFFILIATION FOR CLINICAL EXPERIENCE TO STUDENTS ENROLLED IN THE UNIVERSITY. <hr/> 2/13/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MARIAN UNIVERSITY 3200 COLD SPRING ROAD INDIANAPOLIS IN 46222 |
| 2.76. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | MASTER LICENSE AND SERVICES AGREEMENT PERTAINS TO SOFTWARE LICENSE PURCHASES. <hr/> 4/3/2018 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MATRIX CARE, INC. 10900 HAMPSHIRE AVE S SUITE 100 BLOOMINGTON MN 55438 |
| 2.77. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | FACILITY STAFFING AGREEMENT FOR NURSE STAFFING. <hr/> 12/22/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MAXIM HEALTHCARE SERVICES, INC. D/B/A MAXIM STAFFING SOLUTIONS 8720 E. CASTLE CREEK PARKWAY SUITE 106 INDIANAPOLIS IN 46250 |
| 2.78. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | CUSTOMER TECHNOLOGY SYSTEMS AGREEMENT MCKESSON MEDICAL SURGICAL TO PROVIDE THE USE OF CUSTOMER TECHNOLOGY SYSTEM, ORBIT CHARGE CAPTURE. <hr/> 11/25/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MCKESSON MEDICAL-SURGICAL MINNESOTA SUPPLY, INC. 812 10TH AVENUE NORTH GOLDEN VALLEY MN 55427 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- 2.79. **Title of contract** AMENDED EXHIBIT A **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** AMENDMENT TO PREVIOUS AGREEMENT.
- Nature of debtor's interest** _____ MEDLINE INDUSTRIES HOLDINGS, LP
- State the term remaining** 11/3/2017 1 MEDLINE PL
MUNDELEIN IL 60060
- List the contract number of any government contract** _____
- 2.80. **Title of contract** CLIENT SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** HUMAN RESOURCES MANAGEMENT AGREEMENT.
- Nature of debtor's interest** _____ MERIT RESOURCES, INC.
- State the term remaining** 11/7/2014 4410 114TH STREET
DES MOINES IA 50322
- List the contract number of any government contract** _____
- 2.81. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOR DYSPHAGIA CONSULTATIONS.
- Nature of debtor's interest** _____ MIDWEST DYSPHAGIA CONSULTANTS
- State the term remaining** 11/8/2017 5710 WOOSTER PIKE
#102
CINCINNATI OH 45227
- List the contract number of any government contract** _____
- 2.82. **Title of contract** MOBILE DIAGNOSTIC SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TO PROVIDE MOBILE X-RAY, CARDIAC MONITORING, AND ULTRASOUND SERVICES TO RESIDENTS
- Nature of debtor's interest** _____ MOBILEXUSA
- State the term remaining** 10/3/2013 THE HIGHLANDS, BUILDING 200
930 RIDGEBROOK ROAD
SPARKS MD 21152
- List the contract number of any government contract** _____
- 2.83. **Title of contract** CYBER PROTECTION POLICY POLICY # 509222 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED
- State the term remaining** JANUARY 1, 2020 NAS INSURANCE COMPANY
- List the contract number of any government contract** _____ 16501 VENTURA BOULEVARD
SUITE 200
ENCINO CA 91436

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- 2.84. **Title of contract** ORDER FORM
- State what the contract or lease is for** STIPULATES TERMS AND CONDITIONS FOR POLICYTECH SOFTWARE.
- Nature of debtor's interest** _____
- State the term remaining** 2/28/2017
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NAVEX GLOBAL-POLICY TECH
5500 MEADOWS ROAD
SUITE 500
LAKE OSWEGO OR 97035
- 2.85. **Title of contract** AGREEMENT FOR WHEELCHAIR AND AMBULATORY TRANSPORTATION SERVICES
- State what the contract or lease is for** FOR AMBULATORY TRANSPORTATION SERVICES.
- Nature of debtor's interest** _____
- State the term remaining** 9/22/2013
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NEED-A-LIFT
77 S. GIRLS SCHOOL ROAD
SUITE 202
INDIANAPOLIS IN 46231
- 2.86. **Title of contract** MASTER SERVICE AGREEMENT
- State what the contract or lease is for** MASTER AGREEMENT FOR SUBSCRIPTION SERVICES.
- Nature of debtor's interest** _____
- State the term remaining** 9/1/2017
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NEXUS HEALTH RESOURCES, INC.
27 CARPENTER AVENUE
SUITE 7
MIDDLETOWN NY 10940
- 2.87. **Title of contract** STAFFING AGREEMENT
- State what the contract or lease is for** FOR NURSE STAFFING.
- Nature of debtor's interest** _____
- State the term remaining** 6/20/2016
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NURSES AND MORE
8925 N. MERIDIAN STREET
SUITE 110
INDIANAPOLIS IN 46260
- 2.88. **Title of contract** LICENSE TERMS & CONDITIONS
- State what the contract or lease is for** FOR PAYROLL BASED JOURNAL REPORTING SETUP.
- Nature of debtor's interest** _____
- State the term remaining** 5/23/2016
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ON SHIFT, INC.
1621 EUCLID AVE.
#1400
CLEVELAND OH 44115

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- | | | | |
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| 2.89. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | ON-SITE EYE SERVICES TO PROVIDE ONSITE EYE HEALTH RELATED SERVICES RANGING FROM ROUTINE EXAMS, PROVISION OF EYE GLASSES, TO MANAGEMENT OF EYE DISEASE. <hr/> 9/30/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ON-SIGHT EYE CONSULTANTS; DIVISION OF MIDWEST EYE CONSULTANTS, P.C. P.O. BOX 527 WABASH IN 46992 |
| 2.90. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | HOSPICE CARE SERVICES AGREEMENT FOR HOSPICE CARE SERVICES. <hr/> 7/10/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PARADIGM LIVING CONCEPTS 7520 EAST 88TH PLACE SUITE 101 INDIANAPOLIS IN 46256 |
| 2.91. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | FACILITY AGREEMENT FOR INTERDISCIPLINARY MEDICAL SERVICES FOR THE PALLIATION AND MANAGEMENT OF TERMINAL ILLNESS. <hr/> 9/19/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PASSAGES HOSPICE, LLC 515 WARRENVILLE RD. LISLE IL 60532 |
| 2.92. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | SKILLED NURSING FACILITY SERVICES AGREEMENT FOR NURSING FACILITY SERVICES. <hr/> 4/19/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PEOPLEFIRST HOMECARE AND HOSPICE OF INDIANA, LLC D/B/A KINDRED AT HOME-HOSPICE 2415 DIRECTORS ROW SUITE C INDIANAPOLIS IN 46241 |
| 2.93. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | COMMERCIAL AUTO COVERAGE POLICY # PHPK1831075 INSURANCE INSURED JUNE 9, 2019 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYD PA 19004 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

- 2.94. **Title of contract** PROVIDER AGREEMENT FOR RESIDENTIAL HOSPICE SERVICES
- State what the contract or lease is for** FOR HOSPICE HOME CARE SERVICES.
- Nature of debtor's interest** _____
- State the term remaining** 5/10/2017
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- PHYSIOCARE HOSPICE, LLC
625 S. EARL AVE.
SUITE D
LAFAYETTE IN 47904
- 2.95. **Title of contract** MEMORANDUM OF AGREEMENT FOR MEDICAL DIRECTOR SERVICES
- State what the contract or lease is for** FOR MID-LEVEL PRIMARY CARE PHYSICIAN SUPPORT SERVICES.
- Nature of debtor's interest** _____
- State the term remaining** 1/9/2015
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- PIKE MEDICAL CONSULTANTS, P.C.
D/B/A GERICARE INDY
6040 W. 84TH STREET
INDIANAPOLIS IN 46278
- 2.96. **Title of contract** MAINTENANCE AGREEMENT
- State what the contract or lease is for** A MAINTENANCE AGREEMENT.
- Nature of debtor's interest** _____
- State the term remaining** 2/28/2017
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- POWER PRO-TECH SERVICES
377 MAITLAND AVE.
SUITE 1010
ALTAMONTE SPRINGS FL 32701
- 2.97. **Title of contract** MAINTENANCE AGREEMENT
- State what the contract or lease is for** A MAINTENANCE AGREEMENT.
- Nature of debtor's interest** _____
- State the term remaining** 5/1/2017
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- POWER PRO-TECH SERVICES
377 MAITLAND AVE.
SUITE 1010
ALTAMONTE SPRINGS FL 32701
- 2.98. **Title of contract** FACILITY SERVICE AGREEMENT
- State what the contract or lease is for** FOR PODIATRY SERVICES.
- Nature of debtor's interest** _____
- State the term remaining** 9/23/2013
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- PREFERRED PODIATRY GROUP, P.C.
40 SKOKIE BLVD.
SUITE 520
NORTHBROOK IL 60062

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.99. | Title of contract | NURSING FACILITY SERVICES AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | TO PROVIDE HOSPICE CARE TO THE RESIDENTS OF THE FACILITY BOTH IN NEED OF NEW AND PREVIOUSLY NEEDED HOSPICE CARE. | |
| | Nature of debtor's interest | _____ | PREMIER HOSPICE & PALLIATIVE CARE L.L.C. 11550 N. MERIDIAN STREET SUITE 375 CARMEL IN 46032 |
| | State the term remaining | 9/23/2013 | |
| | List the contract number of any government contract | _____ | |
| 2.100. | Title of contract | NURSING FACILITY RESIDENTIAL AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | FOR NURSING FACILITY SERVICES. | |
| | Nature of debtor's interest | _____ | PREMIER HOSPICE & PALLIATIVE CARE L.L.C. 11550 N. MERIDIAN STREET SUITE 375 CARMEL IN 46032 |
| | State the term remaining | 1/17/2017 | |
| | List the contract number of any government contract | _____ | |
| 2.101. | Title of contract | DIRECT PLACEMENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | FOR HEALTHCARE STAFFING. | |
| | Nature of debtor's interest | _____ | PROLINK HEALTHCARE LLC 3003 E. 98TH STREET #161 INDIANAPOLIS IN 46280 |
| | State the term remaining | 12/12/2017 | |
| | List the contract number of any government contract | _____ | |
| 2.102. | Title of contract | DENTAL SERVICES AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | FOR DENTAL SERVICES. | |
| | Nature of debtor's interest | _____ | PROSTHODONTICS OF CENTRAL INDIANA 11405 N. PENNSYLVANIA STREET SUITE 110 CARMEL IN 46032 |
| | State the term remaining | 10/29/2013 | |
| | List the contract number of any government contract | _____ | |
| 2.103. | Title of contract | ABAQIS SUBSCRIPTION AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SUBSCRIPTION AGREEMENT FOR ABAQIS QUALITY MANAGEMENT SYSTEM. IT GOVERNS THE TERMS UPON WHICH PROVIDIGM WILL PROVIDE ACCESS TO THE ABAQIS SOFTWARE PLATFORM. | |
| | Nature of debtor's interest | _____ | PROVIDIGM, LLC DEPT CH 19808 PALATINE IL 60055 |
| | State the term remaining | 10/16/2017 | |
| | List the contract number of any government contract | _____ | |

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| 2.104. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | SNF OUTPATIENT DIALYSIS SERVICES AGREEMENT FOR DIALYSIS SERVICES. _____ 1/19/2015 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RCG INDIANA, LLC D/B/A FRESENIUS MEDICAL CARE CARMEL 1320 CITY CENTER DR. STE 250 CARMEL IN 46032 |
| 2.105. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | MASTER SERVICES AGREEMENT FOR SUBSCRIPTION SERVICES. VERSION OF CONTRACT SUPPLIED IS NOT FULLY EXECUTED. _____ 11/1/2017 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RELIAS LEARNING COMPANY 111 CORNING ROAD SUITE 250 CARY NC 27518 |
| 2.106. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | PROPERTY DAMAGE, EQUIPMENT BREAKDOWN, EARTHQUAKE, FLOOD, NAMED STORM DEDUCTIBLE POLICY # ERP9486500-07 INSURANCE INSURED JUNE 1, 2019 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ZURICH AMERICAN INSURANCE COMPANY 1299 ZURICH WAY TOWER 2, FLR 5 SCHAUMBURG IL 60196 |
| 2.107. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | PEST CONTROL SERVICE AGREEMENT FOR ON SITE PEST MANAGEMENT. _____ 8/10/2017 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RENTOKIL STERITECH 12100 CROWNPOINT DRIVE SUITE 115 SAN ANTONIO TX 78233 |
| 2.108. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 3/31/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT # 135 Address Intentionally Omitted |

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| 2.109. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 4/23/2018 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT # 764 Address Intentionally Omitted |
| 2.110. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 11/4/2013 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT # 765 Address Intentionally Omitted |
| 2.111. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 4/14/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT # 767 Address Intentionally Omitted |
| 2.112. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 2/19/2016 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #10 Address Intentionally Omitted |
| 2.113. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 11/5/2013 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #101 Address Intentionally Omitted |

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| 2.114. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/16/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #102 Address Intentionally Omitted |
| 2.115. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 7/30/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #103 Address Intentionally Omitted |
| 2.116. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 5/26/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #105 Address Intentionally Omitted |
| 2.117. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 4/11/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #107 & #108 Address Intentionally Omitted |
| 2.118. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/6/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #109 Address Intentionally Omitted |

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| 2.119. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 8/31/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #11 Address Intentionally Omitted |
| 2.120. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 3/23/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #111 Address Intentionally Omitted |
| 2.121. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/4/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #112 Address Intentionally Omitted |
| 2.122. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/11/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #116 Address Intentionally Omitted |
| 2.123. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/14/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #117 Address Intentionally Omitted |

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| 2.124. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/23/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #118 Address Intentionally Omitted |
| 2.125. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 3/5/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #119 & #120 Address Intentionally Omitted |
| 2.126. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 5/31/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #12 Address Intentionally Omitted |
| 2.127. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 2/16/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #121 Address Intentionally Omitted |
| 2.128. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 10/15/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #122 & #123 Address Intentionally Omitted |

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| 2.129. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 9/17/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #124 Address Intentionally Omitted |
| 2.130. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 8/24/2018 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #125 Address Intentionally Omitted |
| 2.131. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 3/7/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #127 & #128 Address Intentionally Omitted |
| 2.132. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 10/19/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #129 Address Intentionally Omitted |
| 2.133. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 3/21/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #130 Address Intentionally Omitted |

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| 2.134. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/18/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #131 & #132 Address Intentionally Omitted |
| 2.135. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 8/21/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #133 Address Intentionally Omitted |
| 2.136. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/31/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #134 Address Intentionally Omitted |
| 2.137. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 2/27/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #136 Address Intentionally Omitted |
| 2.138. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 1/3/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #138 Address Intentionally Omitted |

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| 2.139. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 3/31/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #14 Address Intentionally Omitted |
| 2.140. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 5/6/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #140 Address Intentionally Omitted |
| 2.141. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 11/19/2013 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #141 & #142 Address Intentionally Omitted |
| 2.142. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 8/31/2016 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #145 Address Intentionally Omitted |
| 2.143. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 12/31/2017 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #146 Address Intentionally Omitted |

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| 2.144. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 1/19/2015 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #147 & #148 Address Intentionally Omitted |
| 2.145. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 6/30/2015 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #15 Address Intentionally Omitted |
| 2.146. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 6/22/2016 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #154 Address Intentionally Omitted |
| 2.147. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 11/6/2013 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #155 Address Intentionally Omitted |
| 2.148. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 7/11/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #157 & #158 Address Intentionally Omitted |

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| 2.149. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 7/31/2016 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #159 Address Intentionally Omitted |
| 2.150. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 2/24/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #16 Address Intentionally Omitted |
| 2.151. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 5/23/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #165 Address Intentionally Omitted |
| 2.152. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 8/24/2015 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #166 & #167 Address Intentionally Omitted |
| 2.153. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 1/24/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #168 & #169 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.154. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 12/20/2013 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #17 Address Intentionally Omitted |
| 2.155. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 10/31/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #170 Address Intentionally Omitted |
| 2.156. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 7/29/2016 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #171 Address Intentionally Omitted |
| 2.157. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 10/31/2015 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #173 Address Intentionally Omitted |
| 2.158. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 5/20/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #174 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.159. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 8/19/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #175 Address Intentionally Omitted |
| 2.160. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 11/7/2013 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #176 Address Intentionally Omitted |
| 2.161. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 6/29/2018 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #177 & #178 Address Intentionally Omitted |
| 2.162. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 3/25/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #179 Address Intentionally Omitted |
| 2.163. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 2/12/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #18 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.164. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/20/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #180 Address Intentionally Omitted |
| 2.165. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 5/22/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #181 & # 763 Address Intentionally Omitted |
| 2.166. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 5/21/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #182 & # 762 Address Intentionally Omitted |
| 2.167. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 4/25/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #183 Address Intentionally Omitted |
| 2.168. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/4/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #185 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.169. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 2/17/2017 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #186 Address Intentionally Omitted |
| 2.170. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 10/14/2015 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #19 Address Intentionally Omitted |
| 2.171. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 12/5/2013 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #190 Address Intentionally Omitted |
| 2.172. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 8/12/2015 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #192 Address Intentionally Omitted |
| 2.173. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 9/30/2016 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #194 & #195 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.174. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 1/31/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #196 & #197 Address Intentionally Omitted |
| 2.175. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 8/31/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #198 & #199 Address Intentionally Omitted |
| 2.176. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 9/15/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #2 Address Intentionally Omitted |
| 2.177. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/4/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #20 & #21 Address Intentionally Omitted |
| 2.178. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/14/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #200 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.179. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 5/8/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #201 Address Intentionally Omitted |
| 2.180. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 3/13/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #204 & #205 Address Intentionally Omitted |
| 2.181. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 10/3/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #206 Address Intentionally Omitted |
| 2.182. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 9/25/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #208 Address Intentionally Omitted |
| 2.183. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 2/24/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #210 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.184. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 8/29/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #211 & #211 Address Intentionally Omitted |
| 2.185. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 3/21/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #213 Address Intentionally Omitted |
| 2.186. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 5/16/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #217 & #218 Address Intentionally Omitted |
| 2.187. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/30/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #22 & #23 Address Intentionally Omitted |
| 2.188. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 10/18/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #221 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.189. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 6/30/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #222 Address Intentionally Omitted |
| 2.190. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 3/5/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #224 Address Intentionally Omitted |
| 2.191. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 7/6/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #225 Address Intentionally Omitted |
| 2.192. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/2/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #227 & #228 Address Intentionally Omitted |
| 2.193. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 9/29/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #230 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.194. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 1/26/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #232 & #233 Address Intentionally Omitted |
| 2.195. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 5/13/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #235 Address Intentionally Omitted |
| 2.196. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 3/25/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #236 Address Intentionally Omitted |
| 2.197. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 7/16/2018 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #238 Address Intentionally Omitted |
| 2.198. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 10/27/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #24 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.199. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/6/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #242 Address Intentionally Omitted |
| 2.200. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 8/15/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #244 Address Intentionally Omitted |
| 2.201. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/5/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #247 Address Intentionally Omitted |
| 2.202. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 3/12/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #25 Address Intentionally Omitted |
| 2.203. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 4/6/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #26 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.204. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 4/27/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #28 Address Intentionally Omitted |
| 2.205. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 5/19/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #3 & #4 Address Intentionally Omitted |
| 2.206. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/25/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #30 & #31 Address Intentionally Omitted |
| 2.207. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/18/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #33 Address Intentionally Omitted |
| 2.208. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 3/5/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #34 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.209. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 6/19/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #38 Address Intentionally Omitted |
| 2.210. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 2/27/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #41 Address Intentionally Omitted |
| 2.211. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 1/13/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #43 & #44 Address Intentionally Omitted |
| 2.212. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 12/16/2013 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #47 Address Intentionally Omitted |
| 2.213. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 1/30/2018 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #48 & #49 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.214. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 1/2/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #51 Address Intentionally Omitted |
| 2.215. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 7/31/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #53 Address Intentionally Omitted |
| 2.216. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 5/23/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #55 & #56 Address Intentionally Omitted |
| 2.217. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/19/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #57 Address Intentionally Omitted |
| 2.218. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 6/26/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #58 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.219. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 10/16/2015 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #59 & #60 Address Intentionally Omitted |
| 2.220. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 8/5/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #6 & #7 Address Intentionally Omitted |
| 2.221. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 4/27/2015 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #67 Address Intentionally Omitted |
| 2.222. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 12/16/2013 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #69 & #70 Address Intentionally Omitted |
| 2.223. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 1/22/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #71 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.224. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/20/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #714 & # 761 Address Intentionally Omitted |
| 2.225. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/5/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #715 & 716 Address Intentionally Omitted |
| 2.226. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 10/22/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #72 Address Intentionally Omitted |
| 2.227. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 8/7/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #723 & # 759 Address Intentionally Omitted |
| 2.228. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 4/15/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #724 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.229. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 2/17/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #725 Address Intentionally Omitted |
| 2.230. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 1/8/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #728 & #729 Address Intentionally Omitted |
| 2.231. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 3/6/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #73 Address Intentionally Omitted |
| 2.232. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 5/21/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #731 Address Intentionally Omitted |
| 2.233. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 3/31/2014 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #74 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.234. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 10/31/2016 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #75 Address Intentionally Omitted |
| 2.235. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/13/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #758 & #759 Address Intentionally Omitted |
| 2.236. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 4/18/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #76 Address Intentionally Omitted |
| 2.237. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/18/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #760 & #126 Address Intentionally Omitted |
| 2.238. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/12/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #766 & #79 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.239. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 9/21/2018 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #77 Address Intentionally Omitted |
| 2.240. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 11/8/2013 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #78 Address Intentionally Omitted |
| 2.241. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 12/31/2015 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #81 Address Intentionally Omitted |
| 2.242. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 11/30/2018 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #83 Address Intentionally Omitted |
| 2.243. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT _____ 8/16/2018 _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #85 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.244. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/20/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #86 Address Intentionally Omitted |
| 2.245. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 5/30/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #9 Address Intentionally Omitted |
| 2.246. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/5/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #91 Address Intentionally Omitted |
| 2.247. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 5/1/2018 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #92 Address Intentionally Omitted |
| 2.248. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 12/18/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #93 & #94 Address Intentionally Omitted |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.249. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 11/8/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #96 Address Intentionally Omitted |
| 2.250. ¹ | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | LIFE CARE AGREEMENT RESIDENT CONTRACT <hr/> 6/30/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RESIDENT #98 & #99 Address Intentionally Omitted |
| 2.251. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | STAFFING SERVICES AGREEMENT FOR STAFFING SERVICES. <hr/> 12/2/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease RN SPECIALTIES, INC. D/B/A RN & ALLIED SPECIALTIES 1302 N. MERIDIAN STREET STE 350 INDIANAPOLIS IN 46202 |
| 2.252. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | NURSING FACILITY SERVICES AGREEMENT FOR NURSING FACILITY SERVICES. <hr/> 11/16/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SEASONS HOSPICE & PALLIATIVE CARE OF INDIANA, LLC 1099 N. MERIDIAN STREET STE 905 INDIANAPOLIS IN 46204 |
| 2.253. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | MASTER SECURITY SERVICES AGREEMENT SECURITY SERVICES AGREEMENT. <hr/> 6/2/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SECURITAS SECURITY SERVICES USA, INC. 12801 NORTH CENTRAL EXPRESSWAY SUITE 1200 DALLAS TX 75243 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.254. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | MASTER MANAGEMENT SERVICES AGREEMENT MASTER SERVICES AGREEMENT. <hr/> 9/7/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SENIORITY, INC. 15601 DALLAS PARKWAY SUITE 200 ADDISON TX 75001 |
| 2.255. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | SUPPLY AND SERVICES AGREEMENT FOR RESPIRATORY CARE AND RESPIRATORY SERVICES. <hr/> 12/1/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SPECIALIZED MEDICAL SERVICES, INC. 5343 N. 118TH COURT MILWAUKEE WI 53225 |
| 2.256. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | SERVICE AGREEMENT FOR SPECTRUM ENTERPRISE SERVICES. <hr/> 5/25/2018 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SPECTRUM ENTERPRISE 12405 POWERSCOURT DRIVE ST. LOUIS MO 63131 |
| 2.257. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | TRANSFER AGREEMENT FOR TRANSFER OF RESIDENTS TO ACUTE CARE HOSPITAL (GOVERNS THAT PROCESS). <hr/> 6/19/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ST. VINCENT CARMEL HOSPITAL, INC. 13500 NORTH MERIDIAN STREET CARMEL IN 46032 |
| 2.258. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | ASSIGNMENT OF AGREEMENT ASSIGNMENT OF PREVIOUS LEASE AGREEMENT TO NEW OWNERS, ASCENSION HEALTH. <hr/> 8/7/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ST. VINCENT HOME CARE, LLC 8450 NORTH PAYNE ROAD SUITE 200 INDIANAPOLIS IN 46268 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.259. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | FIRST AMENDMENT TO HOSPICE SERVICES AGREEMENT FOR ASSIGNMENT OF HOSPICE SERVICE AGREEMENT (12/1/13) W/ ST. VINCENT HOSPITAL AND HEALTH CARE CENTER TO ST. VINCENT HOSPICE, LLC. <hr/> 6/1/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ST. VINCENT HOSPICE, LLC 2001 WEST 86TH STREET INDIANAPOLIS IN 46260 |
| 2.260. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | MEDICAL DIRECTOR SERVICES AGREEMENT FOR MEDICAL DIRECTOR SERVICES. <hr/> 11/25/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. - CENTER FOR HEALTHY AGING 2001 WEST 86TH STREET INDIANAPOLIS IN 46260 |
| 2.261. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | HOSPICE SERVICES AGREEMENT FOR HOSPICE SERVICES. <hr/> 10/21/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. D/B/A ST. VINCENT HOSPICE 2001 WEST 86TH STREET INDIANAPOLIS IN 46260 |
| 2.262. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | PSYCHIATRIC MEDICAL DIRECTOR SERVICES AGREEMENT FOR PSYCHIATRY SERVICES. <hr/> 1/12/2015 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STANLEY J. SZWAST, M.D. 1500 N. RITTER AVE. INDIANAPOLIS IN 46219 |
| 2.263. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | CONTRACTS LAUNCH PACKAGE FOOD DISTRIBUTION AGREEMENT. <hr/> 2/1/2018 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SYSCO CORPORATION 550 FLATO RD # B CORPUS CHRISTI TX 78405 |

Debtor **Mayflower Communities, Inc.**Case number (if known) **19-30283**

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| 2.264. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | AGREEMENT WITH NURSING FACILITY FOR NURSING FACILITY SERVICES. <hr/> 1/19/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TRANSITIONS INDIANA, LLC 8435 N. MERIDIAN ST. SUITE 100 INDIANAPOLIS IN 46240 |
| 2.265. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | STAFFING AUGMENTATION SERVICE AGREEMENT FOR STAFFING SERVICES. <hr/> 11/28/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TURN KEY FACILITY SERVICES P.O. BOX 481 LAKE DALLAS TX 75065 |
| 2.266. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | INDIANA UNIV. HEALTH MA PLANS PARTICIPATING PROVIDER AGREEMENT IU HEALTH ADMINISTERS A PROVIDER NETWORK THAT WILL PROVIDE IU HEALTH PLAN TO MEMBERS PROVIDED THE FACILITY PROVIDES CERTAIN MEDICARE/MEDICAID COVERED SERVICES FOR IU HEALTH PLAN OWNERS. <hr/> 9/4/2014 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease UNIVERSITY HEALTH PLANS, INC. 950 N. MERIDIAN STREET SUITE 200 INDIANAPOLIS IN 46204 |
| 2.267. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | SKILLED NURSING FACILITY SERVICES AGREEMENT FOR NURSING FACILITY SERVICES. <hr/> 11/4/2013 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease VISTACARE USA, LLC D/B/A GENTIVA HOSPICE 6431 S. EAST STREET INDIANAPOLIS IN 46227 |
| 2.268. | Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract | MUTUAL AID TRANSFER AGREEMENT FOR MUTUAL AID IN EVENT OF A FACILITY DISASTER. <hr/> 11/9/2017 <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WELLBROOKE OF CARMEL 12315 PENNSYLVANIA STREET CARMEL IN 46032 |

Fill in this information to identify the case:

Debtor name: Mayflower Communities, Inc.

United States Bankruptcy Court for the: Northern District of Texas

Case number (if known): 19-30283

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

| Column 1: Codebtor | | Column 2: Creditor | |
|--------------------|-----------------|--------------------|---------------------------------|
| Name | Mailing address | Name | Check all schedules that apply: |

2.1. _____

- ☐ D
☐ E/F
☐ G

Fill in this information to identify the case:**Debtor name:** Mayflower Communities, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 19-30283Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3/4/2019
MM/DD/YYYY

x

/s/ Louis E. Robichaux IV

Signature of individual signing on behalf of debtor

Louis E. Robichaux IV
Printed name

Chief Restructuring Officer
Position or relationship to debtor